

## **Informed Consent for Psychotherapy and Counselling**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and let me know if you have any questions. When you sign it, it will represent an agreement between us.

**Confidentiality.** What you disclose during our discussions will be kept in strict confidence. In general, the privacy of our communication is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions:

- If I believe that you are a danger to yourself or to other person(s), I am required to report this information to the authorities responsible for ensuring safety. I am also ethically bound to warn your family or the person(s) you have threatened.
- I am ethically and legally bound to report to the appropriate authorities any abuse (physical, sexual, emotional, or neglect) of a child currently under the age of 18 years.
- If I learn of previous sexual exploitation by a healthcare provider, I am required to report the alleged exploitation to the licensing board of the provider. You have the right to remain anonymous when the report is filed.
- If a court order or other legal proceeding or statute requires disclosure of your information, I will obey the court order or the law.

There are also limitations to the full extent that emails and electronic mediums can be completely confidential. You are advised to be aware of these limitations when using electronic means of communication.

**Therapeutic Relationship.** I am hoping that we will work together as a team. You have knowledge about your own life, and I have knowledge about the therapeutic process. I expect you to be actively involved in this process as you work toward your goals. I have found that clients benefit most from therapy if they engage in some form of self-help between their sessions. For this reason, I may assign homework to maximize the effectiveness of your therapy. I will invite your input to determine what would be the most useful things for you to do between sessions. We may also correspond by email or phone between sessions for brief updates. Your progress in therapy depends upon many factors, including your level of motivation and desire to change, the effort that you put forth in following through with homework, keeping your appointments, and your willingness to be open with me as we work together.

**Risks and Benefits.** Psychotherapy often involves discussing difficult or unpleasant aspects of a client's life. You may experience uncomfortable feelings as a result of our discussions, such as sadness, anger, guilt, or frustration. Some of the changes you make may not be welcomed by other people in your life, creating some strain in your relationships with others. On the other hand, psychotherapy has been shown to be beneficial. It often leads to improved mental health, better relationships, and solutions to specific problems. It is important to understand that there are no guarantees about what you will experience.

**Fees.** The services provided by a psychotherapist in private practice are not covered by provincial health insurance plans (such as OHIP). In most cases, you will be billed directly. Payments are accepted by cash, cheque, and email transfer. If your therapy is covered by extended healthcare benefits, you pay the fee and then seek reimbursement from the insurance company. Emergency phone calls of less than 10 minutes are free. However, if we spend more than 10 minutes in a week on the phone, you will be billed on a prorated basis for that time.

**Cancellations and Missed Appointments.** Your appointment is a block of time that is reserved for you. Missed appointments and last-minute cancellations prevent me from scheduling other people. If you believe you will not be able to make a scheduled appointment, I would ask that you notify me as soon as possible. If you miss an appointment without notice or cancel a session with less than 24-hour notice, you will be charged the full fee for that session.

**Length of Sessions.** Although a full hour is scheduled for you, the actual session lasts 50 minutes. This allows me to use the remaining 10 minutes to complete session notes and prepare for the next session.

Thank you for the opportunity to help you reach your goals. Your signature below indicates that you have read, understand, and agree to the information on this form.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_