

INFORMED CONSENT

As a licensed psychologist, I am required to provide you the following information before starting any counselling with you. It is important for you to fully understand the confidential nature of our counselling relationship, our responsibilities to one another, the process, as well as associated risks and benefits of counselling so that you can make an informed choice about whether or not you want to participate. Your questions are welcome now and at any point in the future.

1. The purpose of counselling is to help you address areas of concern in your life. Through our work of identifying and building on your strengths, working through distorted patterns of behavior, and their underlying beliefs, talk therapy can increase your emotional and psychological well being. My approach to counselling is based on emotional awareness and regulation, awareness of self, psychoeducation and the use of mindfulness as to what is happening in the moment. By paying attention to your whole self, more information is revealed about what distresses you and how to proceed in a more productive way.
2. In order to create a safe and conducive setting to do this work together, confidentiality is of great importance. Counselling sessions are confidential, meaning that I will not release your name, information about you or your family without your consent, in light of the exceptions listed below:
 - ❖ Should you indicate that you have the intention of hurting yourself or someone else, I am required to intervene in order to keep all individuals safe.
 - ❖ Should you tell me about a minor who is being abused or neglected, I am required to report what you told me to Child Protective Services.
 - ❖ Should I be subpoenaed to court for any reason, my files may be required for the legal proceedings.
 - ❖ Should you have processed a Worker Compensation Board Claim or Insurance Claim, my files may be requested as part of your claim.
 - ❖ In situations where I am consulting with peers about the nature of my work with you to ensure we are working to your benefit. Your name and identifiers will not be shared to ensure your confidentiality.

Notwithstanding the above, the content of our sessions will be kept strictly confidential.

3. There are both risks and benefits to counselling. Possible risks include the experience of uncomfortable feelings or the recall of unpleasant events in your life. You may experience changes in your relationships or beliefs that could have unexpected results. Potential benefits include improvements in distressing symptoms, relationships, problem solving and coping skills.
4. A mindful, body-centered approach to counselling may include techniques that involve touch. When used in psychotherapy, touch is always part of a therapeutic process, is always used with permission, and is never sexual in nature. You have the right to refuse touch at anytime.

5. You may refuse any intervention, treatment strategy or model suggested. You may also withdraw from counselling at any time, without prejudice. Counselling is only one form of treatment for client problems. Other forms that may work for you include medications, meditation, support groups and physical activity. A decision not to engage in counselling may result in a continuation and possible worsening of your presenting concerns.
6. Your consent for treatment automatically ends when counselling terminates. If at any point you change your mind about the treatment plan, or if you have any questions or concerns about the treatment you are receiving, you are encouraged to bring this up with me.
7. Informed consent also pertains to fees and expectations of time.
 - ❖ Payment for a 50 minute session is \$200 paid preferably by cash or cheque, other payments types accepted when requested. A copy of your credit card will be taken to be kept on file.
 - ❖ Should you desire a longer session it will be at the fraction of the above amount for the time we go over one hour.
 - ❖ Phone discussions and letter/report writing longer than 10 minutes in length will also be charged at this fractional amount.
 - ❖ Payment in full is due at the start of each session. Any payment not received after written notification of balance may be sent to a collection agency. There is a \$20 processing fee for bounced or NSF cheques.
 - ❖ A receipt with my registration # will be given so you can claim for insurance & tax purposes.
8. The credit card number you provide below will be billed for one full session when you do not show for your appointment or do not give 24 hours notice for a cancellation. This policy will be waived in cases of emergency such as serious illness or accident. Please appreciate that when adequate notice is not received, the appointment time cannot be filled and so you will be charged.

Name on Card: _____

Card Number: _____ Expiry Date: _____

9. Finally, in consenting to counselling you understand that the effectiveness of counselling depends on your participation and that no promises can be made as to the result of counselling or any procedure provided by me as your counsellor. You may discontinue counselling at any time.

Please sign below indicating you have read, understood and agree to all the above.

Your Name(s): _____ Signature(s): _____

Your Name(s): _____ Signature(s): _____

Date: _____

Psychologist Signature: _____