

CONSENT FOR THERAPY

We _____ & _____ have been informed about and accept to receive psychological services from _____, Permit # _____. We have met and discussed the theoretical framework and the techniques that they employ in the therapy session. We understand that we can discontinue therapy at any time but have been encouraged to persevere given that the therapeutic process can sometimes be difficult. I have been informed that we may experience uncomfortable feelings but have been reassured that working together with our therapist to tolerate these emotions may provide an opportunity to resolve our concerns and attain a more empowered place in our lives.

Confidentiality

Anything pertaining to the therapy sessions shall not be released to anyone without our written permission. The only exception to this right of confidentiality would be in situations mandated by law:

1. If a client threatens imminent harm to themselves, the psychologists/psychotherapists are obligated to seek hospitalization for them or to contact family members or others who can help provide protection.
2. If a client communicates an imminent threat of serious physical harm to an identifiable victim, psychologists/psychotherapists are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
3. If a psychologist/psychotherapist receives any information that in their professional capacity gives reasonable cause to suspect that a child is an abused or neglected child, or in any danger of abuse, the law requires that this be reported to the appropriate governmental agency, usually the local child protective services office.

However with these limitations to confidentiality noted we do understand that in order to insure the best quality of services by our psychologist/psychotherapist they, without divulging any identifying information, discuss certain aspects of our situation with a supervisory team and if so we will be made aware of the names of persons on that supervisory team.

Contacting

Due to work schedules, our psychologist/psychotherapist may often not be available immediately by telephone. They will make every effort to return our call on the same day, with the exception of weekends, days out of the office and holidays. If unable to reach our psychologist/psychotherapist and in all cases of emergency we have been informed to contact our family physician or the nearest emergency room and ask for the psychologist or

psychiatrist on call. For longer periods of time such as holidays we will be provided with an alternate person to call but only in the case of an emergency.

There may be times that we feel it necessary to contact our psychologist/psychotherapist by email. We do understand that the Internet is not a protected space and therefore we cannot be guaranteed the same level of confidentiality once we have put anything into cyberspace. Also we acknowledge that our psychologist/psychotherapist does not check their work email on any time off so will only expect a response once they are back in the office.

Costs

Each session will run 50 - 60 minutes in length. The therapy fees are reassessed each year for January 1 and the current rate is \$. Phone support between sessions or any documents that need to be prepared will also be billed at the hourly rate. In order to cancel an appointment, we agree to give 24 hours notice or we will be billed for the session according to the guidelines of the Order of Psychologists of the Province of Quebec; and in order to cancel an appointment and insure that the allotted time has been provided we agree to call the therapist at the number on their business card which we will have received at the first session. Sending an email does not guarantee that they will get the cancellation on time.

We have read and addressed any questions we have about this consent form with our psychologist/psychotherapist. In signing today we confirm that we fully understand its contents.

Signed _____

Witness _____ **Date:** _____