

Client Name \_\_\_\_\_

Client # \_\_\_\_\_

## **PSYCHOTHERAPY INFORMED CONSENT**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

### ***My Responsibilities as your Therapist***

#### **Confidentiality**

You have the absolute right to confidentiality, with the few exceptions mentioned below. These rights are:

1. I cannot divulge information discussed in your therapy session without your written permission
2. I cannot divulge that you are participating in therapy without your written permission.
3. I will always act so as to protect your privacy
4. You may instruct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time.
5. You may request anyone you wish to attend a therapy session with you.
6. Please be aware that if you choose to communicate with me by email, that confidentiality and privacy cannot be secured. Any email I receive from you, and any responses that I send to you, will be kept in your personal electronic file.

**There are exceptions to the above rights to confidentiality. Under the following circumstances it is my responsibility to break confidentiality and report events to the authorities:**

1. If I have good reason to believe that you will harm another person, I am obligated to try and contact that person in order to warn them of your intentions. I am also obligated to contact the police.
2. I am obligated to report to the appropriate authorities immediately, such as the Children's Aid Society or the Toronto Police Department, if I have reason to believe that you are abusing or neglecting a child or a vulnerable adult.
3. If I have reason to believe that you are in danger of harming yourself then I may break confidentiality and call emergency services. However, we will explore options before I choose to do this.
4. I am obligated to report to the authorities if you disclose behaviour of another named health or mental health professional that is engaged in sexual contact with a patient, is demonstrating some cognitive, emotional, or behavioural impairment that compromises their practice, or has been abusive to a client/patient. However,

if you are my client and a health care provider, then your confidentiality remains protected under the law.

### **Your Records and Record Keeping Procedures**

Both the law and professional counselling standards require that I keep case notes. In my practice, I will be keeping a detailed record of your personal and medical history in addition to notes taken from our sessions together. If, however, you would prefer that I do not keep notes, then you must provide me a written request stating such for your file. In this case, I will only be noting that you attended therapy.

You have a right to access your files at any time. I request that you provide a written request to see your files and 24 hours notice. You have the right to request a copy of your files that may, for example, be made available to another health care provider.

I maintain copies of case notes electronically on a USB drive that is password protected. The computer and drive are locked in a filing cabinet to which no one but myself has access.

### **Other Rights and Expectations.**

You will be informed of any new or alternative therapeutic interventions. You have the right to ask questions about anything that happens in therapy or refuse an intervention. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. Please feel free to ask me to try something that you think will be helpful. You are free to leave therapy at any time. If you decide that I am not the right therapist for you, I can refer you to another professional upon your request.

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, ability, gender, sex, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspect of the therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

### **Beginning and End of Therapy**

Under normal circumstances, you will be the one to decide to end our therapy sessions. However, there may be times when I will decide to end therapy:

1. If I do not believe that I am able to assist you due to inappropriate training or skills to assist you with your issues, I will inform you of my choice and refer you to in my judgment another more appropriately trained therapist.
2. If I terminate you from therapy, I will offer you referrals to other health care professionals, but cannot guarantee that they will accept you for therapy.

I am away from the office several times in the year for vacations or to attend professional meetings. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between-session phone calls during normal business hours.

### ***Your Responsibilities as my Client***

1. You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 60 minutes.
2. If you are late, we will end on time and not run over into the next person's session. Cancellations within 24 hours will be charged full fee for the session. The only exception to this rule is if you would endanger yourself by attempting to come, for instance, driving on icy roads without proper tires, or if you or someone whose caregiver you are has fallen ill suddenly. Full fees will be charged if you cancel and fail to notify.
3. You are responsible for fee payment in each session, unless we have made other firm arrangements in advance. If you have health benefits for psychotherapy, you are responsible for payment. I will provide you a receipt, which you submit to the insurance company for reimbursement.
4. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, or if you leave more than ten minutes worth of phone messages in a week, I will bill you on a prorated basis for that time.
5. If you have insurance, you are responsible for paying me for the services and submitting the receipt for reimbursement from your insurance company.

### ***Operational Information***

#### **Contact Hours**

My office hours are Wednesday 11-6, and Thursday 10:30-5, Friday 11:30pm-7pm, and Saturday 9:30-4:30. Some early morning and evening hours are available as well as appointments by Skype. To cancel and reschedule appointments you call 647-707-1835 to leave a message on my confidential voicemail. If you need to reschedule an appointment, I will make every effort to return your call on the same day, with the exception of calls made after-hours or on weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If you have an emergency please contact emergency services by dialing 9-1-1.

#### **Intake Forms**

In the practice of Ayurveda, more detailed health information and personal history may be requested. I may provide an intake form to a client who is interested in utilizing an Ayurvedic therapeutic approach in order to make assessment and information management more efficient. If for any reason you do not want me to collect your

personal information or have a record of this information on file, please inform me and we will proceed accordingly.

### **Consultation/Supervision**

I will often consult with experts in the field of Western Psychotherapy and Ayurveda. This is to provide additional assistance in my work with you and to provide ongoing professional development. During consultations I may discuss and review your case, however I withhold as much identifying information as possible, including names. These consultants are also required to protect your privacy and confidentiality. If, however, you are not comfortable with me discussing your case with a consultant, please feel free to let me know and I will be happy to comply with your concern and request and refrain from discussing you and your case in consultation.

### **Complaints**

If you're unhappy with how your therapy is proceeding, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the College of Registered Psychotherapists of Ontario.

**Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

### **Signatures Verifying Agreement**

Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms as long as you are my client.

Client Signature

Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date