**Caritas Counselling:**

**Consent for Psychotherapy and Confidentiality Agreement**

Thank you for the opportunity to help you reach your goals. Please read the following pages carefully, and ask about anything that is unclear. Your signature and/or your verbal consent at the end will indicate that you have read and understood the information, and that you agree to the terms of payment and service.

**MY QUALIFICATIONS**

I am a Registered Psychotherapist with the College of Registered Psychotherapists in Ontario (CRPO). While my practice is guided by the CRPO, I am also a member of the Canadian Counselling and Psychotherapy Association. Additionally, I have specialized training in several areas including EMDR (Eye Movement Desensitization and Reprocessing). I participate regularly in ongoing professional development and consultation with colleagues to ensure that my skills are current and continually developing.

**COUNSELLING RELATIONSHIP**

I am hoping that we will work together as a team. You have knowledge about your own life, and I have knowledge and expertise about the therapeutic process. Psychotherapy will be most beneficial if you are actively involved in this process as you work toward your goals. I have found that clients benefit most from the therapy process if they engage in some form of self-help between their sessions. For this reason, I may invite you to work on a particular exercise or action between sessions in order to maximize the effectiveness of the therapy. I will invite your input to determine what would be the most useful things for you to do between sessions.

**SESSION FORMAT**

Sessions are normally 55 minutes long. During the sessions I may do one or more of the following:

listen to your concerns and allow you to express your feelings

help you to identify your strengths and resources

help you to identify the thoughts, feelings, behaviors, or circumstances that are interfering with you meeting your goals;

help you to set goals and develop concrete action plans for managing or overcoming the obstacles to your well-being;

use specific interventions that are appropriate to your goals;

provide relevant information, verbally, via white-board and/or in handout form;

conduct formal and informal assessments to measure your progress and enhance motivation;

suggest some reading or writing assignment to help you gain insight into your concern;

invite you to work on an exercise or action between therapy sessions.

**YOUR RIGHTS**

You have the right to ask questions about my treatment methods so you can make informed decisions about what methods are most suitable for you. You have the right to stop therapy if something about it is not working for you. If this should happen, I would appreciate your feedback about what is not working for you. I may be able to suggest alternate resources. You have the right to ask for a referral if that would be in your best interests.

**RISKS OF PSYCHOTHERAPY**

Psychotherapy involves a degree of risk. You may experience uncomfortable emotions as you talk about the issues that are concerning you. Sometimes therapy involves talking about unpleasant aspects of your history. Psychotherapy is focused on facilitating change according to the goals you set. Any change (even good change) can affect a person's established system. You may meet with some resistance from other people in your life as a result of the changes you make.

**Confidentiality Agreement**

I understand that my conversations with my psychotherapist are confidential. However, I also realize that there are specific situations in which client/psychotherapist confidentiality cannot be assumed. These include:

1. **Danger to Self. If I pose a danger to myself such that I am seriously suicidal, my psychotherapist will disclose information about me and my condition as necessary to authorities in order to prevent me from harming myself. I understand that only information relevant to the purpose of keeping me safe will be disclosed.**
2. **Danger to Others. If I pose a danger to others, I understand that my psychotherapist is ethically bound to protect anyone to whom I present a clear and imminent danger. If I make specific threats of violence against an identifiable person, my psychotherapist will attempt to protect the potential victim by making an effort to warn them by contacting police.**
3. **Child Abuse.** My psychotherapistt is required to report to authorities any suspected case in which a child may be being abused. It does not matter how much time has elapsed since the occurrence of the abuse; if the victim is still a child , my psychotherapist must report the incident. If I am an adult and disclose past child abuse, and my psychotherapist has reason to believe that the abuser is still victimizing children, my psychotherapist is obligated to report that suspicion.
4. **Driving.** If I hold a driver’s license but it is apparent that I am not fit to operate a motor vehicle my psychotherapist is obligated to report this to the department of motor vehicles.
5. **Couples and family therapy.** If I and my partner are being seen for psychotherapy the clinical notes completed by our psychotherapist will likely include information about both me and my partner. Both my partner and myself will most likely have legal right of access to the file. Also, the confidentially of anything that is said when either I or my partner are out of the therapy room cannot be guaranteed.
6. **Court Orders.** I understand that psychotherapists can be ordered to present their notes to the court. My psychotherapist will comply with a court request or order for notes only after attempting to protect the privacy of any client information.
7. **Third Party Payment.** I understand that if a third party (e.g. extended health insurance) is paying for the services, the third party will be informed of only that information this is required for payment of my psychotherapist. If a third party requires a report about my claim, only information relevant to my claim is reported.
8. My psychotherapist engages in continuing training and consultation in order to continue to improve her ability to provide the highest quality of therapy. There may be times when aspects of a client situation are shared. In these moments the complete confidentiality and anonymity of the client is protected and no specific identifiers that might point to the identity of a client are used. Any consultation about aspects of a case would not only protect the anonymity of a client but would be done with colleagues who assume the same responsibility of confidentiality.

**How I Protect the Confidentiality of Our Sessions**

What you disclose during the therapy sessions is kept in strict confidence. I keep session notes in a locked filing cabinet and only I have access to them. Digital files and electronic client data are kept in secure password safe locations. There are, however, limitations to the full extent that emails and electronic mediums can be completely confidential and clients are advised to be aware of this when using these means of communication. If you and I determine that it would be helpful for me to share information about your therapy with someone else (e.g. your physician), then I will ask you to sign a form that gives me permission to release and/or request information.

**FEES:** The standard fee for a 55 minute session is $130.00. If you wish to schedule a longer session, the fee will be adjusted accordingly. Payment is accepted by E-transfer. If you require another method of payment, please inquire. If your therapy is covered by an insurance policy, clients pay the fee and then seek reimbursement from the insurance company. **\*\*\*Please be sure to check whether your company and policy covers Registered Psychotherapy**\*\*\*

**AGGREEMENT:** By signing this form, I understand that in normal circumstances, at least 24 hours notice needs to be given to change or cancel an appointment. I agree to participate in the therapy process with Jennifer Ackford of Caritas Counselling and understand that the therapy process is collaborative. I understand that information about me is confidential and I understand the limits to confidentiality. I agree to pay for missed sessions and short-notice cancellations. I have read, understood and agreed to the information on this form**.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verbal Consent given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**