

CONSENT FORM

As a client, your responsibility is first and foremost to yourself. Recognizing that I want to ensure that you understand the nature and terms of the therapy provided, please review this consent form before signing. If you have any questions, you are more than welcome to review it at your first session.

Confidentiality

Your discussion in therapy and all identifying information about you and your use of therapy are kept confidential. Confidential information will not be shared with any other person, without your knowledge and written consent. However, there are some exceptions to client/therapist confidentiality which you need to be aware of:

1. When the client gives written permission to have information about the therapy communicated to another person(s).
2. When the client is clearly at risk to hurt self or others, as when there is a danger of suicide or assault. In these situations, or in the case of a medical emergency, more resources, (and your parents or guardians, if you are a minor) may need to be brought in to ensure safety. There may be a duty to warn appropriate individuals when such warning is necessary to reduce or prevent a serious threat to the health and safety of any one, or more persons.
3. When the client discloses that a child or a vulnerable adult (or you, if you are a minor or a vulnerable adult) has been, or is at risk of being physically or sexually abused or neglected. This includes:
 - a. When domestic violence is reported and there is a child or children in the home,
 - b. When a client discloses that he/she was abused in childhood and there is a possibility that the person who was abusive may be a danger to other children now.

In these situations, therapists are legally obligated to report to Family and Children Services.

4. When the client discloses that they have been abused by another health professional who is a member of a profession regulated by the Regulated Health Professions Act.
5. When the therapist is mandated by court order to disclose information in legal proceedings. Files can be subpoenaed and therapists can be ordered to testify in court.

Records

All records of your therapy are the property of TR Psychotherapy and these records and other identifying materials are kept confidential. Files include contacts, dates, and brief summaries of the therapy sessions and are securely stored. Your personal identity and personal file information will be protected as stipulated by the Personal Information Protection and Electronic Documents Act (PIPEDA). With the exception of court orders, client records will not be released to third parties, without explicit written consent.

I will only release to clients, the information that is related to their own therapy. Both partners in couple therapy will have equal access to the records of all joint sessions. However, when one partner is seen individually, only that person will have the right of access to the records from those sessions. In cases of couple or family therapy, when individual sessions are held, it is understood that I will use my professional discretion and will discuss with individuals whether or not the sharing of aspects of their individual work with their partner or family members could be beneficial.

Consent

My signature below indicates that:

I (we) have read and understand the above statement and freely give full and informed consent to the terms outlined in it;

I (we) have been given an opportunity to ask questions about this form and its contents;

I (we) am voluntarily participating in therapy provided by TR Psychotherapy.

All family members attending therapy must sign this form.

1. _____
Name (please print) Signature Date

2. _____
Name (please print) Signature Date

3. _____
Name (please print) Signature Date

4. _____
Name (please print) Signature Date

5. _____
Name (please print) Signature Date

Therapist: _____
Name (please print) Signature Date