

Statement of Understanding

Confidentiality

All information shared within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

Limits of Confidentiality

There are exceptions to this rule of confidentiality mandated by law. Written consent from the client is not required in the following circumstances: if there is a threat of imminent harm to yourself or others, if there is a child protection issue current or historical, if you need immediate medical attention while in session or in the office. No action will be taken without talking through the process with the client.

Supervision

All accredited counsellors/psychotherapists attend their own professional supervision. Although cases are reviewed in supervision, care is taken to maintain the client's anonymity and during these consultations your personal identifiable information will not be revealed.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings neither you nor your legal representation, nor anyone else acting on your behalf will call on your therapist to attend court or at any other proceeding. Written reports for the legal profession will not be completed. Nor will access be provided to written notes unless legally impelled to do so.

Payment

Clients are required to pay all fees in full at the time services are rendered, unless alternative arrangements have been made with your therapist.

Late Cancellations or No Show Appointments

Unless appointments are cancelled at least 24 hours in advance of the scheduled time, there will be a full charge for missed or late appointments.

Acknowledgment and Consent for Treatment

I have read the above Statement of Understanding and understand and agree to comply with the stated terms. I affirm that I am consenting to be treated by my therapist. I understand that I will discuss the goals, objectives, methods and timeframe of my treatment with my counsellor, understanding that these may be modified as therapy progresses. I am aware that I have the right to refuse treatment or to terminate counselling should I choose.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____