

Psychotherapy Consent Form (Adults)

It is important that I receive *informed consent* for the services I am about to provide. *Informed consent* means that you will understand the following:

- The nature of services I hope to provide to you
- How I will safeguard your personal information
- The cost involved in obtaining my services

Background Information

It is important that you are able to make informed decision about your treatment. As such, I will provide you will some general information about my background and my approach to psychotherapy.

I am a Registered Psychotherapist (RP), and I have completed a Master's Degree in Counselling Psychology. I am also a Certified Canadian Counsellor. I strive to empower my clients to make positive changes in their lives by employing several therapeutic interventions, however I primarily practice Cognitive Behavioural Therapy (CBT). CBT focuses on addressing patterns of thinking and behaving that are unhelpful or limiting to the client. When working with children, I use a combination of CBT and Play Therapy. Play Therapy enables children to express their emotional experiences through play. I also work with couples using the Developmental Model of Couples Therapy. This approach focuses on the growth and development of both the individuals and the couple.

Consent for Treatment

Treatment will begin with an intake/ assessment interview. This interview usually takes one to two sessions, depending on the presenting issues. Feedback regarding recommendations for counseling (i.e. therapeutic approach, length of treatment) will be provided, and goals for therapy will be decided upon together. When necessary, referrals to other professionals may be made (with your consent). You will be made aware of any changes to your treatment plan, if changes are warranted.

Psychotherapy may stir or trigger unpleasant feelings, and I encourage you to let me know if this is the case. If you have any concerns about treatment, I would encourage you to bring them to my attention first so that we may discuss the matter. I am a member of the College of Registered Psychotherapists of Ontario.

Our sessions, and the information you share with me are confidential. I will require your written permission to share information regarding your treatment and/or your attendance for treatment. However, by law, there are some instances which permit me to disclose confidential information. Those instances are as follows:

- If you appear to be in imminent danger of doing serious harm to yourself or another person, I am legally mandated to intervene (i.e. call an emergency contact or family member, contact the police and/or the potential victim)
- If I have a reasonable suspicion based on your report, that you or any other child has been the victim of physical, sexual, and/or emotional abuse or neglect (by you or any other person), the appropriate Children's Aid Society will be informed
- If there is a court order or summons presented for my attendance in court and/or release of your records
- If you reveal that you have been abused by another health care practitioner, I am legally obligated to report this activity to that practitioner's regulating body
- If the need arises for me to contact a relative, friend, or potential substitute decision-maker. This would be required if you are injured, ill, or incapacitated and unable to provide consent personally.

When necessary, I may seek supervision regarding your case. If this is required, I will not reveal any identifying information, or any details that may allow my supervisor to know your identity.

Emergency Situations

If you are experiencing an emotional crisis that requires immediate attention, you may call my office to see if an emergency appointment is available. If I am not available, or if you are calling outside of regular office hours, please do one of the following:

- contact your family physician
- report to the nearest Emergency Room
- Contact Thunder Bay Crisis response at 346-8282

Costs of Services

The therapy session consists of 50 minutes of face-to-face contact and ten minutes of record keeping. There is no charge for the following: treatment planning, brief phone calls, and consultation with other professionals (if appropriate). In rare circumstances, I may be requested to spend additional time reviewing files or providing written reports. There may be fees involved in these requests. Any billing that takes place outside of our regular session hours will be discussed prior to it occurring.

Payment for treatment is accepted at each session. I accept cash, cheque, credit and debit. Receipts will be issued once payment is received. Please retain these receipts for your insurance and income tax claims, if applicable.



I appreciate 24 hours notice if you are unable to keep your appointment time. If you do not provide 24 hours or if you miss an appointment without notice, you may be charged for your session. Additionally, if you arrive late to an appointment, you will be charged the full session fee.

Electronic Communication/ Social Media/ Online Policy

Email: It is my preference to use email only for initial inquiries and arranging or modifying appointments. Please do not email me any content related to your treatment, as email is not completely secure or confidential. If you choose to communicate through email, please be aware that all email communication will be retained in your treatment file.

Text Messaging: I prefer not to use text messaging to communicate with my clients, as text messages are not considered secure or confidential.

Facebook and other social networking sites: It is my policy not to accept friend requests or contact requests on social networking sites from any current or past clients. I believe that adding clients on social networking sites may compromise your privacy and blur the boundaries of our client/therapist relationship.

Monique Gouthro Psychotherapy Services does have a professional Facebook page. You are not expected to follow this page. If you have any questions or concerns about these policies, please bring them to my attention.

Collection of Personal Information

In addition to indicating your informed consent to participate and to receive services, your signature below indicates you have understood that in providing psychotherapy services, I will collect some personal information about you (e.g., reasons for seeking services, address, phone number, family information, etc.).

Your signature indicates you have reviewed Monique Gouthro Counselling and Consulting's Privacy and Confidentiality Statement (separate document) about the collection, use and disclosure of personal health information, steps taken to protect the information and your right to review your personal information. You understand how the Privacy Policy applies to you. You have been given a chance to ask any questions you have about the Privacy Policies and they have been answered to your satisfaction.



You understand that, as explained above, there are some rare exceptions to these commitments.

You agree to me (Monique Gouthro) collecting, using and disclosing personal information about you as set out above in this consent form and in her Privacy and Confidentiality Statement.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

WITNESSED: _____

DATE: _____