

## Psychotherapy Consent Form (Minors)

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

Psychotherapy can have both benefits and risks. Given that psychotherapy may involve discussion unpleasant emotions or events, it may stir or trigger unpleasant feelings such as sadness, guilt, anger, frustration, or helplessness. I encourage you to let me know if this is the case. That said, psychotherapy has been shown to have many benefits including, but not limited to, reduction in negative feelings, improved self-esteem, improved relationships, and improved problem-solving skills. There are no guarantees of what your child may experience during therapy. As such, it is important that we work together in order to achieve the best possible results for him/her.

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.



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 child's treatment plan, if changes are warranted.

Therapists who work with minors have the difficult task of protecting the child or adolescent's right to privacy while at the same time respecting the parent or guardian's desire to understand what is happening during treatment. Therapy is most effective when the privacy of the child or adolescent is maintained. Children and especially adolescents are encouraged to view the therapeutic environment as a "safe space" where they can voice their thoughts and opinions openly and honestly.

As your child's therapist, I am committed to providing you with general information about the status of your child's treatment. However, I will seek your child's consent to provide you with information that has been shared in session. I will also keep you informed about any additional referrals that may need to be made on your child's behalf (i.e. more specialized treatment etc.). As your child's parent or legal guardian, I will require your written permission to share information regarding your child's treatment and/or his/her attendance for treatment. However, by law, there are some instances that permit me to disclose confidential information without your consent, or the consent of your child. 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 child’s case. If this is required, I will not reveal any identifying information, or any details that may allow my supervisor to know your child’s identity.

**Obtaining Parental Consent (please check one)**

- I have sole custody of this minor and can provide consent for treatment
- I have joint custody of this child and can obtain consent from the other custodial parent (to be verified by Monique Gouthro prior to initial therapy session)
- I am the sole guardian of this child will provide information regarding custodial parent or decision maker for this child.

If necessary, please provide the name and phone number of the parent and/or guardian who will provide consent for treatment for this minor:

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**Emergency Situations**

If your child is 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 for your child \_\_\_\_\_ to participate in psychotherapy and to receive services from Monique Gouthro, MA, RP, CCC. Your signature below indicates you have understood that in providing psychotherapy services, I will collect some personal information about you and your child (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 information, steps taken to protect the information and your right to review your personal information. You understand how the privacy policy applies to you and your child. You have been given a chance to ask any questions you have about the Privacy and Confidentiality Statement and they have been answered to your satisfaction.

You understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.



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

SIGNATURE OF PARENT: \_\_\_\_\_

PRINTED NAME OF PARENT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF CLIENT (MINOR): \_\_\_\_\_

PRINTED NAME OF CLIENT (MINOR): \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_