Consent Form for Psychotherapy Services

I,_____, hereby request and agree to participate in individual psychotherapy at St. Michael's Homes.

- I understand that psychotherapy requires that I discuss my problems and difficulties with a psychotherapist, who will endeavour to provide a supportive, empathic environment and listen attentively. She may pay particular attention to my feelings, thought patterns, and ways of interacting in the world and may point these out to me so that I may gain increased understanding and awareness of how events in my life are impacting on me. The psychotherapist will not offer advice or solutions to the problems that I am confronting
- but will try to assist me to come to the best decisions and solutions for my particular situation.
- I understand that I am free to ask questions about treatment at any time throughout the treatment process.
- I understand that treatment is likely to help but that this cannot be guaranteed in my particular case. If treatment is not effective, I understand that I will be referred for further treatment if I wish.
- I understand that talking about my problems and difficulties may be difficult and painful at times, and that I may feel distressed during treatment.
- I understand that I can withdraw from treatment at any time and that if I withdraw, another appropriate alternative or referral will be provided if I wish to continue psychotherapy.
- I understand that treatment is provided by an approved trainee under the supervision of David Bruce, RP (reg. #006683) who is a member in good standing of the College of Registered Psychotherapists in Ontario both qualified and competent to exercise appropriate supervision.
- I understand that by attending and participating in sessions, I am giving my consent for psychotherapy services.

Confidentiality

- I understand that all information regarding my treatment (including all verbal and/or written exchanges) will be kept confidential, except under the following circumstances. In each of these circumstances, my psychotherapist will endeavour to notify me of the need to break confidentiality:
    - If I indicate that I may be a danger to myself or others;
    - In the case of apparent or suspected abuse of a child under 16;
    - If a known sexual perpetrator is in close contact with a child under 16;
    - If I report sexual abuse on the part of a health care professional;
    - If my records are subpoenaed by a court of law;
    - If the records of my psychotherapist are randomly audited by the College of Registered Psychotherapists of Ontario.

- I understand that in order to maintain my confidentiality, my psychotherapist will not initiate contact with me in any private or public setting outside of treatment. Rather, I can initiate any contact outside of therapy based on my level of comfort. I understand that it may be advisable to not initiate contact in the presence of others in order to maintain my confidentiality.

- I understand that my consent is required in order for communication regarding treatment with others, including other health care professionals. I understand that this consent can be provided verbally or in writing, but that my psychotherapist's policy is to obtain my written consent whenever possible.

Fees for Service

- I understand that there is no fee for this service.

Cancellations and Missed Appointments

- I understand that I am asked to give a notice of 48 hours for appointment cancellations or changes.

- I understand that I can leave messages regarding the need to miss an appointment with the Executive Assistant at 416-926-8267 ext 115.

Complaints or Concerns

- I understand that I can lodge complaints or concerns regarding my therapy with David Bruce, Associate Executive Director of St. Michael's Homes, by leaving a message at 416-926-8267 ext 103, who will advise me on the official Complaints Policy and Procedure of St. Michael's Homes.
- I understand that if I am unsatisfied with the handling of my complaint that I may contact the College of Registered Psychotherapists of Ontario.

My signature indicates that I have read and understood the contents of this form, that I have had the opportunity to ask questions and these questions have been answered to my satisfaction, and that I freely agree to participate in individual psychotherapy.

Client Name: _____

Client Signature: _____ Date: _____

_____

Supervisor: David Bruce, RP (#008366)

Supervisor Signature: _____ Date: _____