

CONSENT FOR COUNSELLING WITH BETH MARES RP

Full legal name: first middle last

Date of birth: year month day

Business phone Cell phone Home phone

E-mail

Address

A confidential message may be left at/ sent to

Family doctor Phone number

Emergency contact person Phone number

Referred by:

Status # (NIHB clients only)

Declaration:

I am over 18 years of age. I am currently living in Canada and/or I am a permanent resident of Canada.

In the past two years I have not threatened or planned suicide or homicide, engaged in self-harming behaviour such as cutting or burning, had a mental health emergency, used drugs other than marijuana illegally, had a sexual relationship with a minor (unless the authorities already know about it), or been involved in violent or organized crime. I do not work in law enforcement.

I am aware that my counsellor does not do reports or write letters for custody. I agree that, should I be involved in legal proceedings, neither I nor my lawyer(s), nor anyone else acting on my behalf will call on my therapist to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless it is by mutual consent.

I agree to pay for each session by interac 24 hours in advance, unless another arrangement has been made ahead of time. [Does not apply to NIHB clients.]

I live in Toronto

OR

While I do not anticipate that I will have a mental health crisis, I have prepared a crisis reference list, copy attached, which I keep for ready reference on _____. [The list should include 911 and the phone numbers of the local crisis line and/or other local emergency service, any clinic where you are enrolled, any friends or relatives who would likely be able to help, a local taxi service if there is one, and the address of the nearest hospital emergency entrance.]

I am attaching this list along with the application form.

Cancellations:

I will pay for any session cancelled less than 24 hours in advance for any reason unless some other arrangement has been agreed upon ahead of time. (The charge is half if at least 3 hours notice is given.)

Emergencies:

I understand that my counsellor does not provide emergency services, but I am aware that I am encouraged to inform her by email of any crisis or of any upsetting after-effects of a session.

Informed consent:

I am aware that treatment for any disorder or dysfunction requires my informed consent, which I can withdraw at any time, and that I am encouraged to ask any questions I may have about how a treatment works, the expected results, any risks, alternative treatments, or the likely results of no treatment.

Confidentiality and records:

I am aware that telephone messages and most email correspondence are not secure and can be intercepted.

I am aware that my counsellor advises clients that counselling may be rendered ineffective if they reveal the content of their sessions to family or friends, especially within 24 hours of the session.

I am aware that my counsellor will not be able to maintain confidentiality when she is obligated by law to do otherwise, or when she believes that someone is in danger of bodily harm.

I agree that when doing individual sessions in the context of couple therapy it will be my responsibility to make it clear what information, if any, should not be shared with my spouse.

In order to protect my counsellor's privacy, I will not share any electronic or other records I may have of our work together without her written permission.

Remote sessions via internet or telephone:

I understand and agree that if I undertake e-mail therapy or make an appointment for online or phone therapy:

1. My counsellor has taken reasonable care to ensure the internet technology she uses is secure and functional, but that potential risks include interruptions caused by technological problems and a possibility of unauthorized access.
2. If the video conferencing is not working adequately, we can switch to another platform, do it by phone or instant messaging, or finish the session early.
3. My counsellor will not be responsible for troubleshooting technological problems during the session.
4. I will ensure that I am in a **private location** in which I **cannot be overheard** and in a safe place (e.g., not while driving).
5. If I am not at my usual location, I will inform my counsellor at the beginning of the session.
6. I have read the privacy policy at <https://www.therapytorontotheapist.ca/beth/privacy-policy.htm>

Name

Date

By checking this box, I certify that I have read and understood this form and that all the information is correct.

Download first to your computer, then fill out, save and e-mail as an attachment.