

# Pat Ferris Consulting Informed Consent

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This document reviews important information you should understand when initiating counselling. The document reviews the risks and benefits of counselling/psychotherapy and the limits to confidentiality of information shared with Pat Ferris.

**Risks of Psychotherapy:** Receiving counselling therapy involves a degree of risk. These are reviewed here:

- During or after a counselling session you may temporarily experience uncomfortable or negative emotions as you talk about issues or past events that are concerning you.
- Counselling involves facilitating change according to the goals you set. Any change (even good change) can affect your other relationships. You may meet with some resistance from other people e.g., spouse/partner, siblings, co-workers as a result of the changes you make. It is also the case that at times, therapy does not help to overcome problems/issues. If this happens, please let me know and I may be able to change therapeutic techniques or provide an appropriate alternative or referral.

**Limits to Confidentiality:** I believe that people who access counselling need help to feel safe and be able to trust me before being able to disclose personal information as part of the therapy process. I have a legal obligation to help my clients stay safe and to protect others, including animals, from danger. I may need to share with other professionals a client's name and other basic information about a client if:

1. A client identifies a specific person or persons the client would like information to be disclosed to such as a physician, insurance company, emergency services, client lawyer, family members and signs a "Consent for Release of Information" form.
2. A client may appear to be at risk for seriously hurting themselves, another person, or has already taken steps to harming self, or the client seems to be in need of emergency medical services
3. The client shares details that identify someone of any age and/or animal who is in danger or may not be safe from harm and could be in danger. I need to secure help for this person and/or animal.
4. Therapists may share information about a client in the following situations:
  - a. A court of Judge may order the release of a client's chart
  - b. The client gives permission for the therapist to release information
  - c. A therapist who works with a minor (under 18 years of age) has an obligation to keep parents/guardians informed of the youth's treatment plan, progress, and other issues to help the family. These are discussed at the beginning of therapy.
  - d. There is a disclosure of sexual abuse by a health professional.
  - e. A known sex offender is in contact with a minor
  - f. I become unable to continue with the therapy process because of illness, death, or retirement.
  - g. Debt collection procedures require the release of basic client information such as name and contact details.
  - h. On a case consultation basis with another therapist to ensure they are providing high quality care. Identifying information will be limited to protect privacy.

**Responsibilities:** As your therapist, I am responsible for providing a safe environment, for using recognized and supported interventions, and for managing records around your attendance. Because we work as a team, you are responsible for attending sessions we have booked, reflecting on what we have discussed, trying to follow through on homework and providing feedback on anything that isn't going well. You are free to stop attending any time but it can be helpful address this first with me as I may be able to offer another appropriate alternative or referral. You are encouraged to ask questions at any time.

**Issues Associated with electronic transfer or information:** There are occasions when documents, payments or sessions are handled electronically. Written reports or opinions being released with your consent will typically be transmitted via email to the individual involved. You may wish to use Skype or Face Time for a session or talk with me over the phone. You should recognize that there are inherent risks of the unintended transfer of personal information to others attached with such exchanges. If you are not comfortable with these risks, please talk with me about alternatives.

**Cancellation policy:** I am in private practice and not on salary. When I book a session with you, it becomes unavailable to anyone else. I require 24 hour notice if you are unable to make an appointment. If I can fill that time, I will try to do so and you will not be expected to pay. If I cannot fill it, or if you do not show, you are responsible for paying me for my time.

**Questions:** Therapists practice in different ways. I encourage you to ask questions about my approach, the recommended frequency or length of sessions, thoughts behind homework assignments, progress in session, policies around contacting outside of hours etc.

## SUMMARY

- A. Therapy can include uncomfortable feelings and create changes that are not accepted with others. It may also not help.
- B. All information discussed with me will be treated as confidential except as follows:
  - a. If you have signed a Release of Information to a specific person for specific information.
  - b. If in my professional opinion there is potential for physical risk to you or others.
  - c. If there is a legal obligation to report such as in cases of child abuse.
  - d. If the counsellor is legally required by a court of law to testify or submit a report or release records.
- C. There are inherent risks with the electronic transfer of information. Please discuss this with me prior to any event.
- D. You are encouraged to ask questions and be an active participant in your therapy.

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 therapy. I also understand my responsibility regarding the cancellation policy.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Expiry Date \_\_\_\_\_ or 1 Year \_\_\_\_\_

**You can revoke this consent at any time by indicating verbally or in written format that you no longer want to attend therapy.**