

Consent to Treatment:

As part of informed consent, Conexus Counselling wishes to have you understand the following:

Counselling/Psychotherapy is the therapeutic treatment of mental, emotional, behavioural, and relational disorders by psychological means. While there are no guaranteed outcomes in therapy, it is one potential way to resolve problems in one's life. It can be very rewarding and, at times, also be difficult. Treatment has potential risks and can require recalling and managing unpleasant feelings and aspects of one's history. There are also potential benefits as therapy can lead to a reduction of feelings of distress, better relationships, resolution of problem(s) and a healthier sense of self. You can expect a safe environment that is supportive and sensitive, helping you to manage the difficulties that arise in a tolerable manner.

Counselling is provided for the benefit of the client. It is important that the client feel able to address what is important therapeutically, without concern about needing to influence the therapist for reasons outside of therapy. It is in the interests of optimum therapy that the therapist not be asked to be an advocate in court, with insurance companies or employers.

"Confidentiality" refers to your therapist's obligation not to disclose information obtained during the course of your therapy. Your therapist will reveal nothing about you, including that you have been here, except under the conditions agreed upon by you.

There are notable limited exceptions to confidentiality which include the following:

At times your therapist may consult with a supervisor or a supervision team in order to provide you with the best possible care. Your last name and specific identity will not be disclosed during supervision, and the supervision occurs with other qualified therapists who are bound by the rules of confidentiality during this consultation.

Child Welfare: Confidence must be broken where there is a reasonable suspicion of abuse being inflicted upon a minor, or if there is reasonable suspicion that the minor may be in danger of being abused, or is likely to suffer harm or injury.

Threats of Harm: If you do or say something that we believe puts the life or safety of yourself or another person at risk, we may ask for help from others to assist you.

Justice System: Family therapists do not make good advocates in court and you are asked to not involve your therapist in that process. However, disclosure of information may be necessary if it is required by law or by order of a court of competent jurisdiction. Such disclosure is likely to impact treatment.

I understand that I may ask questions about my treatment, and can refuse to participate in specific tasks or terminate therapy at any point. I understand that my therapist invites me to discuss my reluctance to participate in therapy as a legitimate concern.

I have read the Information Sheet about policies concerning fees, missed sessions, late cancellations, etc. and agree to abide by the payment policies as set out on that sheet and on the website at www.ConexusCounselling.ca

I understand the above and consent to psychotherapy.

Client signature

Date

Witness signature

Date

