Informed Consent Sample:

*Note: This is a document that you will go over with your client in your first session. Make sure you ask them when you are done if they have any questions before signing it. It is also important to note that although you do this in a first session it is the beginning of the conversation. Informed consent is an ongoing process in a therapeutic relationship.*

*This counseling Consent Form has been adapted from the template from Laura Bradley at Steadfast Counselling*

Company Name

Your name

Professional registration number

Address and phone number

**Paragraph 1:** Outline the purpose of this form.

**Paragraph 2**: Define your professional background and the approaches you will

 be using. Include the risk and benefits of therapy.

**Paragraph 3:** Explain confidentiality and its limits i.e. risk to self or other, minor at

 risk (abuse or neglect), subpoenaed by court (including your notes),

 supervision and training (using case studies)

**Paragraph 4:** Explain the rights of your client.

**Paragraph 5:** List fees, cancellation policy, and how to contact you. If you plan on

 having a newsletter or announcements, request consent here.

***See example next page...***

Your Counselling Name

Your name and registration #

YOUR ADDRESS

YOUR PHONE NUMBER

**Paragraph 1:** Outline the purpose of this form.

The purpose of this informed consent is to make you aware of your rights and responsibilities as a client, my rights and responsibilities as a counsellor, make you aware of the limits of confidentiality, give you some insight into the approach that I generally take with the people I work with, and what you can expect from participating in a counselling relationship with me.

 **Paragraph 2**: Define your professional background and the approaches you will

 be using. Include the risk and benefits of therapy.

 **I am…**

1. State your counselling designation, where you went to school, and what other certifications you have.
2. State your therapeutic approach and the modalities that you use.
3. Describe how you might apply your modalities and approach in a session, what kinds of questions you might ask, what you might explore. You might say what your approach will require, persistence, patience, ect
4. List what your services include if applicable- ect.

**Paragraph 3:** Explain confidentiality and its limits i.e. risk to self or other, minor at

 risk (abuse or neglect), subpoenaed by court (including your notes),

 supervision and training (using case studies)

All of the information that we share together is strictly confidential unless one of the following should occur:

1) The courts subpoena my files.

2) I am subpoenaed as a witness in court.

3) I suspect cases of child abuse that have not been previously reported. This

 includes physical harm, sexual abuse, sexual exploitation, and emotional harm.

In this case I am required by law to report to the Ministry for Children and Families.

4) If you threaten to harm yourself or another. In this case I am also required to

 report this to the proper authorities.

5) As part of a clinical supervision team I may share parts of your therapeutic

 process without sharing any identifiable features. This is for the purpose of you

 receiving greater support.

6) Our preferred and secure form of communication is through phone calls**,**

**Please note that we cannot guarantee confidentiality through emails and texts. Note: These duties override all other claims of confidentiality.**

**Paragraph 4:** Explain the rights of your client.

It is important for you to understand that you are the primary decision-maker in the direction your therapy takes, and therefore you have the right to full and active participation in the decisions that affect you. In addition, you have certain rights, which include the right to:

* receive an appropriate referral to other resources as needed.
* accept or reject any task, exercise or procedure suggested by me.
* be made aware of the rationale, risks, and benefits of any and all counselling interventions.

**Paragraph 5:** List fees, cancellation policy, and how to contact you. If you plan on

 having a newsletter or announcements, request consent here.

**Fee Schedule:**

My counselling fee is….. per 60 minute session. Or…..per 90 minute session payable at each visit. I accept cash or cheque at time of session or you can pay thru Paypal via the website prior to your session. A $15 fee will be applied to all NSF cheques. *You will be charged the full session fee for missed or cancelled appointments unless you have given at least 24 hours notice by telephone at…phone #. Please do not email appointment changes or cancellations.*

 If you do not understand fully any portion of this statement, or have questions about it, please do not sign below. I will go over this disclosure and clarify any questions you may have.

In the event of a counselling crisis and are unable to reach me please call the**….Provide a local counseling hotline if available**

By signing below, I indicate that I have fully read, understand, and agree with the above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print first and last name Please print first and last name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

I look forward to connecting with you, and assisting you in your journey of life.

Yours sincerely,

Your Name