

Consent To Treatment Form

Note To Client: I would like your informed consent. This means that I want you to understand the services I hope to provide to you, the cost involved, and what I do with your personal information I obtain. If you have a question, please don't hesitate to ask.

Sessions:

Sessions are approximately 50 minutes in length, and may be longer for assessments. You are responsible for scheduling sessions with myself. If you must cancel a session due to an emergency, I require 24 hours notice; otherwise, you will be charged for the session.

Payment for Services:

Payment for services is due at the end of each session. A receipt will be provided when payment is received. Please retain this receipt for your insurance or income tax claims, if applicable. Fees vary according to the nature of the service involved. If testing is recommended, there may be an additional charge. Similarly, there may be charges for any reports, letters, etc., which you request to be prepared and sent on your behalf.

Confidentiality:

Information that you share with me is confidential and I adhere to professional standards regarding the sharing of such information. If you wish counselling information sent to another agency/person, I will require your informed written consent, which remains valid from date of your signature until you make a request in writing to withdraw your consent.

Disclosure of information without consent can occur for the following reasons:

1. There is a reasonable belief that you will harm yourself or others;
2. There is reasonable evidence of neglect, physical and/or sexual abuse to a minor;
3. There is reasonable belief that a health professional is guilty of sexual abuse; and
4. If the file is subpoenaed by a court of law.

I, Todd Adamowich, have reviewed the limits of confidentiality as listed above with the undersigned.

Risks & Benefits of Therapy:

Change and growth involve taking risks. In deciding if now is the right time for you to pursue personal counseling, you will want to be aware of both the risks and benefits of therapy. Being aware of our true feelings can, for a time, result in uncomfortable levels of sadness, fear, anger and related emotions. While being supported in counseling, you may choose to recall and to think in some detail about difficult moments from your past. Such remembering can be emotionally difficult. Also, clients in therapy can have increased problems with people important to them. People we care about may not be comfortable with new choices we make. The phrase that sometimes "it has to get worse before it can get better" can be true in therapy. This can leave a client feeling that problems have actually increased after the beginning of treatment. Most of these risks are to be expected when people are making any important changes, especially when we are pursuing healing and growth in critical areas of our lives. A final risk is simply that you would spend your time and money in counseling and not see improvement. The best protection against this risk is if you can make a commitment to talk directly with me if therapy is, in any way, not meeting your goals. Such directness is welcomed by me and may be critical for you to get the benefits you want from our time together.

Client Initial _____

Therapist Initial _____

While you consider these risks, you should know also that the benefits of therapy have been documented in numerous carefully designed research studies. *Consumer Reports* has conducted a major survey and found that the vast majority of people who sought counseling felt that they were helped and were pleased with the experience. People who are depressed may find their mood lifting. Therapy can help people better manage their anger. Fearful and anxious feelings can be significantly lessened and better controlled. Being in counseling gives you a chance to talk things out fully in a setting that is confidential and respectful. Clients in therapy may grow in many directions. You can gain greater clarity about your personal goals and values; you may receive more satisfaction from social and family relationships; you may find yourself more able to simply enjoy being alive. I do not take on clients I do not think I can help. Therefore, I enter our relationship with optimism about our progress.

Consent for Personal Information:

I understand that to provide me with goods and services, Todd Adamowich will collect some personal information about me (eg. Address, phone number, gender, health history etc.) No information will be shared with anyone without my written and signed consent.

Fee For Service: \$ _____

Name: _____ **Signature:** _____ **Date:** _____

Witness: _____ **Signature:** _____ **Date:** _____

****If client is under 16 years of age**

Name of Client (child): _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Signature:** _____