

# Psychotherapy Consent Form

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Welcome to my practice! This document contains important information about my professional services and policies.

**Informed Consent** means that you understand and acknowledge the following:

- a) The nature of the services I hope to provide you
- b) How I will safeguard your personal information
- c) The cost involved in obtaining my services

## **Background Information**

It is important that you make an informed decision about your treatment. The following is some general information about my background and my approach to psychotherapy.

I am a registered Clinical Social Worker with the Nova Scotia College of Social Workers. I completed a Masters of Social Work degree at the University of Kansas in 1993, specializing in Mental Health counselling. I am a Level 2 EMDR therapist (obtained in 2008). My goal is to create an open, non-judgmental space where you can formulate and work on specific goals to improve your overall quality of life and address the issue(s) you seek to address.

## **Risks and Benefits**

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. Counseling requires a very active effort on your part. In order to be most successful, it will be important for you to allow yourself to be vulnerable, open, and truthful. Learning new ways of thinking or developing new behaviors can be uncomfortable initially – or at the very least feel unfamiliar.

Benefits to psychotherapy include helping you develop coping skills, making behavioral changes, reducing emotionally-based symptoms, improving the quality of your life, learning to live in the present and many other advantages.

## **Consent for Treatment**

Treatment will begin with an intake that involves gathering some background information, understanding the “presenting problem,” and setting goals. This usually takes one session, and goals for therapy will be collaborative.

Your signature on this form confirms that you consent to take part in the treatment. And that you understand that developing a treatment plan and regularly reviewing our work toward meeting the treatment goals are in your best interest, and that you agree to play an active role in this process. You may stop treatment at any time, and will let me know if you have decided to do so.

## **Confidentiality**

- All session content is kept within the strictest confidentiality. I will not share information about you with any other person, professional, or agency without your written permission.
- If ordered by subpoena to release my records or to appear in court, I am legally bound to do so. In these rare cases, I continue to make every effort to protect your privacy. Please note that reimbursement for time spent in this case is expected.
- All of your personal information will be kept in a secure place, and you may have access to your file at any time. Generally I take notes to help me keep track during sessions.
- If we happen to meet elsewhere in the community, please let me know whether and how you wish to be acknowledged. I will make every effort to maintain the level of privacy you prefer.

### **Safety**

If I become concerned that you might harm yourself or someone else, or if I discover that a child or elderly person in your care is in danger of being harmed emotionally or physically, I am required by law to report it. Ideally, we would be able to discuss together the best way to go about this.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required.

### **Emergency Situations**

If you are experiencing an emotional crisis that requires immediate care, you may call my office to see if an emergency appointment is available. If I am not available, or if you are calling outside of regular office hours, please do one of the following:

- Contact your family physician
- Go to the nearest Emergency Room
- Contact the 24-hour Mental Health and Addictions Crisis Line at 1-888-429-8167

### **Cost of Services**

Payment for treatment is required at each session. I accept cash, cheque, credit card and etransfer. Receipts will be issued as requested. Please retain these receipts for your insurance or income tax claims, if applicable. Fees are as follows:

55 minute Individual Psychotherapy Session – \$175 (*85 minute session – \$260*)

55 minute Couples Session – \$260

I appreciate 24 hours notice if you are unable to keep your appointment. If you do not provide 24 hours notice, or you miss an appointment without notice, you may be charged for your session. Additionally, if you arrive late to an appointment, you will be charged the full session fee.

### **Electronic Communication/Social Media/Online Policy**

**Email:** It is best to use email only for arranging or modifying appointments, and for information dissemination, but not any content related to your treatment, as email is not completely secure or confidential.

**Facebook and other Social Networking Sites:** It is my policy not to accept friend/contact requests on social networking sites from any current or past clients, as these sites may compromise your privacy and blur the boundaries of our client/therapist relationship.

### **Collection of Personal Information**

In addition to providing your informed consent to participate in and to receive services, your signature below indicates you understand that in providing psychotherapy services, I will collect some personal information about you (i.e. reasons for seeking services, address, phone number, family information, etc.). I will also take notes from our sessions, which will be safeguarded in a file cabinet.

**I welcome questions and feedback about our work together. Please indicate by signing below that you have read the above statements and consent to therapy under the conditions outlined.**

Signature\_\_\_\_\_ Date\_\_\_\_\_

Printed Name\_\_\_\_\_