



### Informed Consent/Service Agreement

**The Therapist:** This agreement is between you and Julie Southam. She is a certified member of the Canadian Counselling and Psychotherapy Association. Her certificate number is 6242. It is the goal of the therapist to empower the client to make changes that the client determines.

**Expectations of Therapy:** While there are no guarantees for outcome of therapy, it is one potential way to make positive changes in one's life. It is your right to expect a safe environment that does not discriminate against age, race, ethnic background, gender, religion, disability, sexual orientation, or political affiliation. At any time, you may ask questions about your treatment or terminate therapy.

**Confidentiality:** The counselling sessions between you and your therapist are private. The only exceptions to this rule are:

- *Threats of Harm:* If you do or say something that I believe puts the life or safety of yourself or another individual at risk, I have a **duty to warn** others for their own safety or for others to assist your safety.
- *Child Welfare:* I am required by law to report **suspected child abuse** or neglect.
- *Justice System:* If **subpoenaed** by a court of law, my records would reveal the content of our service.
- *Professional Consultation:* If your case would benefit from my **consultation** with other counselling practitioners, I may consult about your case, hypothetically, in order to provide the best possible service. Any personal information will not be shared unless I have your written consent.

Should you meet me in a public setting, I will respect your privacy and WILL NOT acknowledge our counselling relationship unless you initiate first contact. Furthermore, I will not reveal to anyone the nature of our counselling relationship. Should a social situation become ongoing, the status of our counselling relationship will be discussed in session to determine the ethics of proceeding further.

**Therapist Availability:** Should you require my counselling assistance outside of your appointment time, you may leave a confidential voice message at (204) 803-3455. If immediate assistance is required, you are encouraged to call the Clinic Crisis Line at (204) 786-8686 or by visiting the Crisis Response Centre at 817 Bannatyne Avenue.

**Session Fees:** Talk therapy sessions are 50 minutes long (the last 10 minutes are for report writing) at a rate of \$170/ session. EMDR sessions are 80 minutes long also at this rate. Telephone calls longer than 10 minutes are also applicable to this rate. Written reports are also subject to this fee and may be written only at your request. Should you need to miss an appointment, 24 hours notice is required in advance or the regular session fee will be applied. Payments must be made in advance by cheque or by cash/interac at the time of the appointment. A receipt will be provided for proof of payment. My fees may or may not be covered by health insurance, please check with your provider to be sure.

**Client:**

- I was given the opportunity to ask questions and were answered to my satisfaction
- I understand the information in this form and freely consent to begin treatment.

**Printed Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_

**Therapist:** I hereby indicate that I have fully explained the above information to the client and to the best of my knowledge it was understood.

**Therapist:** \_\_\_\_\_

**Date:** \_\_\_\_\_