**YRSA Therapy Agreement and Consent**

*The information outlined below* describes what you can expect while participating in the therapy session or group as well as your responsibilities while in service.

Please read (or have read to you) these statements and discuss them with your therapist.

Your signature below indicates that you understand and accept the term of this contact.

* In order to receive the maximum benefit I agree to arrive on time and if I am unable to attend a session I will provide YRSA therapy with 24 hours notice when possible.
* I understand that my therapist does not provide emergency or crisis support and that I will not expect this service from YRSA therapy.
* I understand without an appointment the therapist is not obligated to meet with me.
* I understand that YRSA therapist will not discuss my case with individuals outside the centre without my written consent.
* I understand that the YRSA therapists are required under law to report to the appropriate authority any suspicion of child abuse, as defined by the child and Family Services Act, this include current and/or historic experience of abuse. Written consent is not required before making a report. Additionally, therapists will also report threat of self harm, threat of harm to others and breach of probation orders.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have reviewed this form with my therapist, I have considered it carefully, asked the questions I needed to and understand it. I understand my responsibility and my therapist’s responsibility to me.

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Client

(Please Print Name)

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Client Signature Date

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Therapist Date