

# Informed Consent and Confidentiality

*For Individual, Couples, and Family Therapy*

Therapist Name: Ryan Holmes

Practice Name: Deeper Together

Client Name(s):

Date:

## 1. Nature of Therapy

Therapy is a collaborative process designed to support personal, relational, and emotional growth. It may involve discussing difficult or distressing experiences and can lead to increased insight, emotional healing, and relational change. Sessions are typically 50–60 minutes in length, and frequency will be discussed together.

## 2. Confidentiality

All information shared in therapy is kept confidential, and your privacy is respected and protected under ethical and legal guidelines. There are, however, some legal exceptions to confidentiality, which apply across all types of therapy:

- If there is a risk of serious harm to you or someone else
- If there is disclosure of abuse or neglect of a child, vulnerable adult, or elder
- If records are subpoenaed by a court of law
- If you give written permission to release information

### A. Individual Therapy

In individual therapy, what you share remains confidential. You may request that certain information be shared with a GP or another health provider, and this will only happen with your signed consent. You are encouraged to ask questions at any time about your privacy or the therapeutic process.

### B. Couples Therapy

In couples therapy, confidentiality applies to the couple as a unit. I will not keep secrets from one partner if they relate directly to the relationship. If either partner shares something privately that is relevant to the shared work, I will work collaboratively with you to bring this into the joint space in a way that supports honesty, care, and the therapeutic process. If this is not possible, continuing therapy may be re-evaluated.

### C. Family Therapy

In family therapy, confidentiality is considered within the family system. While I aim to respect individual privacy, information shared by one member may be brought into family sessions if it is clinically relevant and supports the goals of therapy. If individual sessions occur, the same principle applies: privacy is balanced with the integrity of the whole family's therapeutic work. For families with children or teens, consent and involvement will be discussed in line with legal requirements and the child's age and capacity.

### 3. Client Responsibilities

As a client (or family/couple), you are asked to:

- Arrive on time for sessions and provide notice if rescheduling is needed
- Participate openly and respectfully
- Communicate if you have any concerns about therapy
- Pay agreed-upon fees at the time of service unless otherwise arranged

### 4. Therapist Responsibilities

As your therapist, I commit to:

- Providing a safe, confidential, and compassionate environment
- Using evidence-based practices to support your goals
- Respecting your pace and autonomy
- Discussing any concerns or changes in therapy openly

### 5. Session Notes & Recordings

To support my ongoing development as a counsellor, some sessions may be audio or video recorded. These recordings are used strictly for the purposes of professional supervision and skills development.

All recordings are:

- Confidential and stored securely in password-protected, encrypted digital formats.
- Accessible only to myself, my approved clinical supervisor(s), and relevant academic staff (where required).
- Used solely for the purposes outlined above and are deleted after their use is complete or upon your request.
- Session notes and recordings are stored securely on an external hard drive and will be retained for seven (7) years after our final session, after which they will be permanently deleted.

Participation in recorded sessions is completely voluntary, and you may decline or withdraw consent at any time without affecting your access to counselling.

***For the purpose stated here, do you give your consent for the recordings of sessions (please circle): Yes / No***

### 6. Special Considerations for Online Counselling

When engaging in counselling online, the following guidelines help create a safe and effective therapeutic environment:

- Suitable setup: Please ensure you have a reliable internet connection and device suitable for video calls.
- Camera use: Sessions are most effective when cameras remain on, allowing us to see and respond to each other fully.
- Private space: Choose a quiet, confidential space where you will not be overheard or interrupted. Headphones can help increase privacy.
- Phone availability: Keep a phone nearby in case technical issues or disconnections occur, so I can contact you to continue or reschedule.

- Emergency contact & address: I will need your current location and an emergency contact at the beginning of our work together, in case urgent support is required.
- Limitations of online counselling: Online sessions are not suitable for clients experiencing active suicidal thoughts or behaviours. In such cases, I will support you to access more appropriate in-person or crisis services.

## **7. Cancellation Policy**

I understand that life can sometimes be unpredictable, and there may be times when you need to reschedule or cancel a session. If this happens, I ask that you give at least 24 hours' notice so I can offer the appointment time to someone else who may be waiting for support.

Because your appointment time is reserved especially for you, cancellations made with less than 24 hours' notice, or missed appointments, will incur the full session fee. This policy helps me keep sessions sustainable and ensures that I can be available for all clients who need support.

Thank you for your understanding, and for valuing the time we set aside to do this work together.

## **8. Consent**

For our work together to begin please download, sign and email the PDF deeper together informed consent & confidentiality document below.

Client Signature(s):

Date:

Client (Partner/Family Member):

Date:

Therapist Signature:

Date:

# Consent to Record Sessions for Supervision and Professional Development

*For Individual, Couples, and Family Therapy*

Therapist Name: Ryan Holmes

Practice Name: Deeper Together

Client Name(s):

Date:

## Purpose of Recording:

As part of my clinical training and professional development, I may record counselling sessions (audio or video) to support reflective practice and supervision. These recordings help me enhance my therapeutic skills and ensure I provide the highest standard of care.

## Use and Storage:

- Recordings are **strictly confidential** and viewed only by myself and my approved clinical supervisor(s).
- All recordings are **securely stored** in encrypted, password-protected files and deleted after supervision or at your request.
- Recordings are **not used for any purpose beyond supervision or professional development** without further consent.

## Voluntary Participation:

- You are under no obligation to consent to recordings.
- You may withdraw your consent at any time without penalty or impact on your counselling.

## Consent:

I have read and understood the information above. I voluntarily consent to the recording of my counselling sessions for the purposes of supervision and professional development.

**Client Signature(s):**

**Date:**

**Client (Partner/Family Member):**

**Date:**

**Therapist Signature:**

**Date:**

# Consent to Use Session Material for Research Purposes

*For Individual, Couples, and Family Therapy*

Therapist Name: Ryan Holmes

Practice Name: Deeper Together

Client Name(s):

Date:

## Purpose of Research:

As part of my academic and clinical development, I may request to use de-identified information or selected excerpts from recorded counselling sessions in research related to psychotherapy training and practice. This research may contribute to assignments, case studies, or publication within an academic or professional setting, and will be conducted in accordance with ethics approval and confidentiality standards.

## What This Involves:

- Only sessions for which you have already provided consent to record will be considered.
- Any information used will be **de-identified**, meaning no names, faces (in video), or personal identifiers will appear.
- The use of your material is **entirely voluntary**, and your decision will have no impact on your access to therapy.

## Confidentiality and Ethics:

- All materials will be handled according to strict ethical guidelines, university policies, and relevant legislation.
- You may request to review what is shared and may withdraw your consent at any time.

## Consent:

I have read and understood the information above. I voluntarily consent to the use of de-identified session material for ethically approved research purposes.

**Client Signature(s):**

**Date:**

**Client (Partner/Family Member):**

**Date:**

**Therapist Signature:**

**Date:**