

Client Informed Consent

The information you share with me is private and I will treat it with the greatest respect. All records of your information is kept in locked file and password safe location. All information will not be released to anyone without your written permission. Therapy is considered a confidential relationship. There are, however, limitations to confidentiality mandated by law. I *may* be required to disclose confidential information (Duty to Warn and Protect):

1) If you are a danger to yourself or to someone else. If client expresses intentions or plan to harm themselves or another person, mental health professionals are required by law to warn the intended victim and report this information to law enforcement.

2) According to the Child Welfare Act, I am ethically and legally bound to report. If a client states that he/she is abusing a child (under the age of 18 years) or vulnerable adult (or recently done so), or indicates knowledge of a child or vulnerable adult being in danger of abuse, the mental health professional is required to report this information to the appropriate authority.

3) If my records are subpoenaed by the courts

I consent to receive counselling from Vera da Silva, MSW. I acknowledge that I am here voluntarily and that I may terminate treatment at any time. I realize that there is no guarantee of improvement in my condition. I acknowledge that any treatment will be a cooperative effort between me and Vera da Silva and I agree to actively participate in our counselling sessions.

The following are basic rights of individuals participating in counselling:

You have the right to ask questions about my treatment methods so you can make informed decisions about what methods are most suitable for you.

You have the right to be informed of the various steps, therapeutic style (i.e. Cognitive Behavioral Therapy) involved in receiving services.

The right to confidentiality. The right to humane care and protection from harm, abuse and neglect. The right to make an informed decision regarding whether to accept or reject treatment. The right to contact, consult with and select practitioners of my choice.

I have read and understand the above information:

Client signature/Date: _____

