

GENERAL INFORMATION

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

STATUS (single, dating, married, cohabitating, separated, divorced, widowed): \_\_\_\_\_

CHILDREN: (names and birthdates)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

TYPE OF THERAPY (individual, couple, family): \_\_\_\_\_

EDUCATION COMPLETED (high school, diploma, college, university, graduate, doctoral): \_\_\_\_\_

PAST THERAPY: yes/no (if yes, where and how long?)

\_\_\_\_\_

MEDICAL HISTORY:

\_\_\_\_\_

CURRENT MEDICAL PRESCRIPTIONS:

\_\_\_\_\_

EMPLOYMENT (full time, part time, casual, unemployed): \_\_\_\_\_

How did you hear about *Janey Komm, Psychotherapist*?

\_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATION: \_\_\_\_\_

BRIEFLY DESCRIBE THE CONCERNS TO BE DISCUSSED IN THERAPY:

PLEASE STATE YOUR GOALS FOR THERAPY:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_



## THERAPY CONTRACT

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Therapy is an opportunity to explore clients' thoughts and feelings about their lives. This may include gaining insight, learning from the past, healing from hurt, and acquiring new communication and coping skills. Therapy is most effective when the client has specific goals and applies the new knowledge and perspectives acquired during sessions to everyday situations. Therapy does not guarantee desired outcomes. There are potential risks associated with engaging in therapy. It is important to know that participating in therapy can bring up sensitive and possibly disturbing thoughts and feelings. These thoughts and feelings can be overwhelming and in some cases, debilitating. The client and therapist will work closely together to monitor the level of emotionality and capacity of the client. Time will be left at the end of each session to ensure that the client is ready to face the ensuing days before the next session. The therapist is open to hearing and resolving the client's concerns and questions at any point during the therapeutic process.

### CONTACT

Sessions are offered on a weekly basis. Contact with the therapist outside of therapy is restricted to scheduling or rescheduling sessions. If there is a crisis during the week, the client should call 911 or other emergency resources for assistance. The therapist does not have emergency capacities.

### PAYMENT

Payment is due at the end of each session. The fee for service is \$130 per fifty (50) minutes. Third party payers will be billed separately. In the event that payment from the third party is in arrears for more than 30 days, therapy will be suspended until payment is received. *Janey Komm, Psychotherapist* accepts personal cheques, cash and e-transfers as forms of payment. There is a \$35 fee for cheques returned because of insufficient funds.

### CANCELLATION

If the client needs to cancel the session, notification must be given 24 hours in advance. If 24 hour notice is not given, then the client will be charged 50% of the fee regardless whether a third party is paying for the services.

### CONFIDENTIALITY

Therapy is bound by the confines of strict confidentiality. The therapist will not discuss anything mentioned during sessions with individuals/organizations who are not included on the *Release of Information* form. As a Registered Marriage and Family Therapist (RMFT), the therapist has ethical obligations to fulfill. The therapist will step outside of confidentiality and take necessary action and contact the appropriate authorities if the client is threatening to hurt him/herself, someone is hurting or threatening to hurt the client, and/or the client is hurting or threatening to hurt someone else.

**CONSULTATION**

To provide continued exemplary service to clients, the therapist may consult other therapists as is professionally customary. However, strict confidentiality will be maintained and no personal or identifying information will be used.

**TERMINATION**

Both the client and the therapist reserve the right to terminate therapy at any time. It is recommended that at least one session be scheduled to discuss termination.

**REGULATION**

As a Registered Marriage and Family Therapist (RMFT) and Chartered Professional in Human Resources (CPhR), the therapist is required to follow professional standards of conduct per: the Canadian Association for Marriage and Family Therapy (CAMFT), the American Association for Marriage and Family Therapy (AAMFT), and the BC Human Resources Management Association (BCHRMA). For more information on professional standards and questions or complaints procedures, please visit the respective website:

CAMFT #2017469  
[www.camft.ca](http://www.camft.ca)

AAMFT #115270  
[www.aamft.org](http://www.aamft.org)

BCHRMA #1082253  
[www.cphrbc.ca](http://www.cphrbc.ca)

As the client, I have read and have had the opportunity to ask questions about the fore mentioned information. By signing, I agree to all the policies and conditions included in the contract.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

