AG Psychotherapy
Annette Gravelle
Registered Psychotherapist

Please initial where indicated to verify this form was sufficiently explained.

NAMES:	D.O.B.(s) (mm/dd/yyyy):
START DATE:	REFERRAL SOURCE:
ADDRESS:	
EMERGENCY CONTACT NAME & PHONE NUMBER:	

What is psychotherapy?

"The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a ***therapeutic relationship*** *based primarily on verbal or non-verbal communication"* (*Psychotherapy Act, 2007*, Section 3). In a therapeutic relationship, techniques are delivered to improve impaired judgement, insight, behaviour, communication or social functioning due to a disorder of thought, cognition, mood, emotional regulation, perception or memory.

Client–Therapist Theraputic Relationship

"The client-therapist relationship is the foundation of psychotherapy. It is central to the provision of safe, effective and ethical care" (CRPO).

I understand that this is a therapeutic relationship. I understand that the exchange and receipt of gifts is not permitted. I understand my therapist will demonstrate trust, care, compassion, kindness as well as empathy and I will not misinterpret care for friendship or romance.

_____
Client initials

Confidentiality

I understand that my confidentiality will be protected according to The Personal Health Information Protection Act, 2004 (PHIPA). I understand that any information related to myself will not be released without my written consent. I understand that there are limited legal circumstances in which my consent to release information is not required. These legal circumstances include:

- When the therapist believes there is imminent risk of physical or psychological harm to a client or others (in which case it is a legal duty of the therapist to warn the other persons whose safety is in jeopardy).
- When the therapist has reasonable grounds to suspect that a child or dependent is in need of protection due to physical harm, neglect or sexual abuse.
- Where necessary for particular legal proceedings (e.g. when the member is subpoenaed).
- To facilitate an investigation or inspection if authorized by warrant or by any provincial or federal law (e.g. a criminal investigation against the member, his/her staff, or a client).
- For the purpose of contacting a relative, friend or potential substitute decision-maker of the client, if the client is injured, incapacitated or ill and unable to give consent personally.
- To a college for the purpose of administration or enforcement of the Regulated Health Professions Act, 1991 (e.g. providing information about the client to the College if a complaint has been made against the therapist, assessment of the therapist's practice as part of the Quality Assurance Program; mandatory reporting where the therapist's client is a regulated health professional and the member has reasonable grounds to believe that the client has sexually abused a patient/client)

_____
Client initials

Care Consent

I understand that I can withdrawal from my consent and/or asked to be referred to another therapist without judgment at *anytime*. Withdrawal of consent and conclusion of therapy for any reason will be documented in my records.

_____
Client initials

Self-harm
I am committed to living. I will not harm others or myself in any way. I will not attempt suicide, or any other injury. If I begin to experience thoughts about self-harm, I will:

- Determine whether it is an emergency and if so, call 911

If it is not an emergency and I can control my behaviour, I will :

- Practice grounding strategies
- Try to identify what is upsetting me
- Review alternatives to self-harm such as: _____
- I will try to make myself feel better by: _____
- I will seek out a responsible, caring, and supportive person if thoughts continue

_____
Client initials

Email/Text/Phone Call Consent
I understand that email/text/phone calling are not secure method of communication and will only be used only for the purposes of scheduling and cancelling appointments, or at my discretion.

The email address and telephone number I consent to using for email/text communication is as follows:

Email(s):_____

Phone(s)/Text:_____ _____
Client initials

Telepsychotherapy
To create a safe a telepsychotherapy session, it is important to be in a quiet, private space with a secure internet connection. My clinician and I agreed upon the virtual/phone psychotherapy platform, and I understand how to use it and equipment involved. I understand that confidentiality still applies to telepsychotherapy services, and no one will record the session without permission from the other person(s).
I was explained and understand the potential risks and benefits of telepsychotherapy compared to in-person psychotherapy. We discussed a safety plan including an emergency contact and the closest ER, in the event of a crisis.

_____
Client initials

Contract

Based on my identified concerns and goals, I consent to therapy sessions to take place weekly/bi-weekly/monthly (circle one). Concerns and goals will be evaluated and the length of therapy will be determined on an individual basis.

☐ I/we understand that a therapeutic relationship is the foundation of therapy and switching therapists at anytime (without judgment) is an option when an optimal client–therapist relationship cannot be achieved.

☐ I/we understand I can end therapy anytime, without judgment.

☐ I/we understand that benefits of psychotherapy include developing knowledge and skills to manage emotions, manage unhealthy responses or behaviours, and to develop coping strategies that will facilitate daily living.

☐ I/we understand that risks of psychotherapy include emotional discomfort that may result unwanted thoughts and/or feelings and/or unpleasant dreams.

By signing this form, I/we_____ am/are providing consent to engage in psychotherapy with Annette Gravelle, Registered Psychotherapist, with a full understanding of what therapy does and does not entail. I agree to adhere to our contract to the best of my ability.

_____ _____
Client signature Date

_____ _____
Client signature Date