Amanda Luterman MA, MEd, Psychotherapist
Centre for Erotic Empathy
360 Avenue Victoria, Suite 300
Westmount, Quebec
H3Z 2N4
514-914-4716

Statement of Informed Consent

Psychotherapy is a working relationship defined by clear rights and responsibilities.

1. Confidentiality

All information shared during sessions is confidential, as are the contents of your file. If an instance arises in which a release of information would be helpful to you, your written consent is necessary (a separate form is required). There are exceptions in which the law overrides confidentiality. The following are exceptions to the client right to confidentiality:

- Disclosure of your abuse or neglect of a child or dependent.
- If you state the intention to physically harm another person or identifiable group of people.
- If you state the intention to cause permanent, physical injury to yourself.
- If mandated by court.

2. Your File

The notes I take during our sessions, and whatever written material you provide to me, will be kept in a secure location and destroyed five years after our last session. You have the right to see and copy your file and I have the right to assist you in interpreting that material when making it accessible to you. Should you wish to communicate by email, know that it is not a totally confidential form of communication. Additionally, please note: E-transfers utilize email.

3. My availability

I am not on call in my private practice. Should an emergency arise when I am not available, please go to your physician, local clinic or emergency room. If the client's psychological state should worsen or change outside the scope of the therapist's practice, a referral may be recommended.

4. Case consultation

In order to ensure quality of service and uphold ethical standards, I may discuss clients with another professional in a confidential, professional setting and no full names or identifying information will be used.

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5. Fees

The fees are $200.00 for a 50-minute Individual Consultation and $225.00 for a 50-minute Couples Consultation.

- I agree to pay the said fees at the time of booking, unless a specific payment agreement has been reached between the psychotherapist and myself, or if a paying agent covers the costs related to the intervention;

- The drafting of any report to be provided to a third party will be billed at an hourly rate of $200.00 per hour, and the psychotherapist will provide a prior estimate of the time required to complete this work;

- I have been informed that some insurances, depending on the coverage agreements with their insurance company and the level of coverage, may not cover therapy fees covered by a psychotherapist, and that it is my responsibility to verify my coverage with my insurances.

. Except in the event of emergency or illness I require 48 hour notice in order to cancel a session without the fee being charged.

7. Receipts and Insurance

I am happy to provide receipts for insurance or income tax purposes by request. The terms of insurance coverage and deadlines therein are the responsibility of the client. Payments are to be submitted to the therapist as insurance reimbursements occur between client and insurer.

For online consultation and use of electronic means

·I hereby certify that I have read and fully understand the risks, restrictions, conditions and instructions for using the chosen electronic communication services (ie. online appointments and email or text communications)

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CLIENT ACKNOWLEDGEMENT AND CONSENT:

- I understand and accept the risks listed in the appendix to this form associated with the use of the Services for communications with the Professional or members of his staff. I agree to the conditions and will comply with the instructions listed in the appendix, as well as any other measures that the Professional may impose in connection with communication with clients using the Electronic Services.

- I acknowledge and understand that, despite the recommended use of encryption software as a system for securing electronic communications, it is possible that communications with the Professional or members of his staff using the Services may not be encrypted. I nevertheless consent, with full knowledge of the risks, to communicating with the Professional and members of his or her staff by means of these Services.

- I acknowledge that either I or the Professional may at any time, upon prior written notice, terminate the option to communicate via online consultation. I also acknowledge that all my questions have been answered.

Date:

Name: Preferred name during session:

Phone number: (Please indicate if texting is OK)Y / N

Home address:

Email:

Signature: