Consent Form

Objectives of Therapy: The aim is to offer a safe and comfortable space, bound by confidentiality (see limits to), to explore issues that are impacting your daily life. I will not advise you nor judge you and instead, I will ask you interesting questions to better help me understand your perspective. Change is a gradual process and requires both time and work. In consenting to services, you are in agreement to our therapeutic relationship.

Rights and Risks of Therapy: You have a right to make me aware of what you need for this to be an effective therapeutic process, to ask questions, and to indicate what you’d like to be in a report, if requested. Therapy involves discussing emotional and sensitive information, which can bring out difficult emotions. This is completely natural and a common aspect of therapy that we will explore and understand together.

Confidentiality and its Limits: Everything discussed in session will remain confidential and will only be discussed with others provided you give written or verbal consent. In certain circumstances, confidentiality may be breached if there are:

1) Reports of any emotional, physical, and sexual child abuse or neglect of anyone under the age of 16.

2) Reports of threatening to harm oneself or others.

3) Court orders or subpoenas that request release or disclosure of counselling documents for various reasons.

Sessions: Sessions last approximately 50-60 minutes. It is expected that the session will begin at the agreed time and any sessions that begin after this time due to late arrivals, cannot be extended beyond the agreed finish time. If the therapist is late, the 50-60 minutes will be honoured.

Reschedule policy: I request 48 hours’ notice for any reschedule. Appointments rescheduled less than the required 48-hour notice will be billed an extra half of the session rate.

Cancellation policy: I request 24 hours’ notice for any cancellations. Missed appointments and appointments cancelled less than the required 24-hour notice will be billed half of the session rate.

Social Media Policy: I do not accept friend requests from current or former clients on any social networking sites as this may blur therapeutic boundaries.

I have read and understood the information presented in this document, and hereby consent to receive counselling services from Nan Ma (April), RSW, MSW:

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name Signature Date

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Legal Guardian (if applicable) Signature Date