



1892 West Broadway, 2nd Floor, Vancouver, BC V6J 1Y9
Phone: 778-990-1825

CONSENT TO TREATMENT

This form is to document that I, _____, give permission and consent for the above named counsellor to provide counselling to me.

While I expect benefits from this treatment, I fully understand that because of factors beyond our control or other factors, such benefits and particular outcomes cannot be guaranteed.

I understand that because of counselling or therapy I may experience emotional strains, may sometimes feel worse during treatment, and may make life changes that could be distressing.

I understand that I am free to discontinue treatment at any time. If I decide to do so, I am aware that it is preferable that I provide the therapist with at least two weeks notice so that effective planning for continued care can be implemented.

I understand that what I discuss with the therapist will almost always be confidential. I understand that the therapist, by law, must report actual or suspected child or elder abuse, or abuse of a disabled person, to the appropriate authorities. In addition, the therapist has a legal responsibility to protect anyone I may threaten with violence, harmful or dangerous actions, including those to myself, and that the therapist may break the confidentiality of our communication if such a situation arises. I understand that the therapist will make reasonable efforts to resolve these situations before breaking confidentiality.

I understand that I am financially responsible for this treatment and for any portion of the fees not reimbursed or covered by my insurance or employer.

I know of no reason(s) I should not undertake this therapy and I agree to participate fully and voluntarily.

Signature: _____
(client)

Date: / /
 MM DD YR

Signature: _____
(counsellor)

Date: / /
 MM DD YR