

## Informed Consent (Adolescents)

I want to take this opportunity to welcome you here and let you know that I look forward to working with you and your parent.

Therapy can feel scary and you may have a lot of questions, or you may not. Therapy can be intense at times, and I will do my best to create a comfortable, safe and supportive environment. It can also be rewarding as we walk together, learning about you and helping you cope with the areas you find difficult.

**Confidentiality:** The confidentiality and privacy of your personal information is one of my highest priorities. Mental health professionals are prohibited by law from revealing to any other person what you have said without your permission. There are, however, exceptions to your rights under this law. In the following instances, your right to confidentiality is set aside and law and professional ethics require that information disclosed be revealed even without your permission.

- a) Threats of Harm: If a client says or does something that leads me to believe that they or someone else is unsafe or in danger of harm.
- b) Child and Dependent Adult Welfare: I am required to report instances of abuse inflicted upon a child, dependent adult, or elder if I have reasonable suspicion that a minor, dependent adult or elder is in danger of abuse, harm, or injury.
- c) Legal Matters: I will not represent my clients in court. In exceptional circumstances, therapists may be required to submit records under a court subpoena.

I may consult a supervisor in order to provide the best care possible. Your specific identity will not be disclosed during supervision. Supervision is only conducted with other qualified therapists or supervisors bound by these rules of confidentiality.

**Records and Record Keeping:** I will keep records in accordance with the ethical and legal standards of my profession. Records will be stored in a locked file cabinet or by a secured online practice management software system. Records will be kept for 7 years after you've terminated therapy.

**Use of Practice Management Software:** Cliniko software is fully secure, confidential, encrypted practice management software.

**Email and digital correspondence:** Please be aware that most email services cannot be guaranteed to be 100% confidential and secure. Use your best judgment when deciding to share private information with your therapist by email or other digital means. I use an email service with industry-standard security.

### Fees

The cost of a 60-minute individual therapy session is \$130 (including GST).

Telephone and email communication, or providing requested documents, may be billable upon the discretion of the therapist, and will be discussed with you prior to any such communication.

**Appointments:** In the event that you must cancel/reschedule an appointment, it is crucial that your therapist be informed with 24-hour notice. If notice is not given, you, the client, assume full financial responsibility for the professional time that was reserved for you.

**Contacting Your Therapist & Emergency Contact:** If you need to contact me, you may do so by phone or email. I generally return calls/emails within 24 hours. However, I am frequently unavailable to take a call or respond to an email immediately (I am not reliable to be available in an emergency or crisis). For emergencies or crises, please contact the 24-hour Klinik Crisis Line (1-888-322-3019), Manitoba Suicide Prevention Line (1-877-435-7170), Winnipeg Youth Mobile Crisis Service (204-949-4777), go to the Children's Hospital or call 911.

**Terminating Treatment:** It is your right to pause or end therapy any time. I encourage you to discuss your decision in session, so that together we can discuss the progress you've made and explore ways in which you can continue your progress. And, if you wish or need be, we can discuss referral to another therapist.

**I have read, understood, and agree to the information, policies, and fees outlined in this informed consent.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian of Minor (under 16): I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor child, hereby voluntarily grant permission to Alana Buller to provide services to my/our child. I understand such permission may be revoked, in writing, at any time.

I also agree to the following:

I/We will refrain from requesting detailed information about individual therapy sessions with my/our child. I understand that I, the parent, will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

I/We understand that I/we will be informed about situations where there are threats of harm (see above: Confidentiality) and understand that the decision to breach confidentiality in these circumstances is up to the therapist's professional judgment, and may include a confidential consultation with her supervisor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_