

Informed Consent for Psychotherapy and Confidentiality Agreement

Welcome,

Thank you for your trust and interest in psychotherapy. This document outlines important information about the therapeutic process, the principles of our collaboration, confidentiality, and how your personal data is managed. Please read it carefully. If you have any questions, I am here to clarify them.

1. Nature and Purpose of Psychotherapy

Psychotherapy is a collaborative process that supports greater self-understanding, helps with emotional difficulties, and fosters personal growth. The therapeutic relationship is built on mutual trust, clear boundaries, and open communication.

Typically, therapy unfolds in three stages:

1. **Assessment and Treatment Planning**
The first 1–3 sessions are devoted to getting to know your history and current concerns, and to collaboratively setting therapy goals and an initial treatment plan.
2. **Active Therapeutic Work**
This stage varies in length and depends on the nature of your difficulties, your pace, and your readiness for change. Therapy may involve working with thoughts, emotions, behaviors, relationships, or trauma. Some parts of the process may feel emotionally challenging – this is a normal part of meaningful personal change.
3. **Termination**
The final 1–2 sessions help summarize the work we've done together and support you in building a "toolbox" of strategies to help maintain your progress and reduce the risk of relapse.

Every therapy process is unique.

While psychotherapy can be highly beneficial, it may not feel comfortable at all times. You are responsible for your own decisions and actions both during and after therapy. As a therapist, I support your autonomy but do not assume responsibility for the outcomes of your personal choices.

2. Terms of Collaboration

- Session length: 50 minutes (unless otherwise agreed upon).
- Frequency: Usually once a week, unless otherwise arranged.
- Cancellations: Please provide at least 24 hours' notice if you need to cancel. Otherwise, the full fee may be charged.

- Contact outside sessions: Only for scheduling purposes (by phone or email). Therapy is not provided via text or outside of session times.
- Payment: By e-transfer or bank transfer, as agreed individually. Current rates are provided directly.

3. Confidentiality and Safety

All information you share in therapy is confidential and protected by professional ethics. No personal information will be shared with others without your prior written consent, or verbal consent in the case of an emergency.

Exceptions to confidentiality include:

1. If the client is under 14 and the legal guardian requests access to records,
2. Imminent risk of harm to self or others (e.g. suicide, serious injury, or running away),
3. Known or suspected abuse or neglect of a child or vulnerable adult,
4. Client poses a risk to public safety (e.g. unsafe operation of a motor vehicle),
5. Information is requested by a court or regulatory body (e.g. College of Psychologists),
6. When the therapist seeks supervision or consultation – in these cases, identifying details are minimized and shared only when necessary.

I will always make every effort to protect your privacy and minimize the use of identifying information. Your name will not be disclosed without your explicit consent.

4. Personal Information & Records

Your personal data is collected and stored solely for therapeutic, documentation, and administrative purposes.

- In Canada (BC): managed according to the Personal Information Protection Act (PIPA).
- In the EU (Poland): managed under the General Data Protection Regulation (GDPR – EU 2016/679).

Psychological records may include personal information, clinical notes, and evaluations. These are stored securely and will be safely destroyed 5 years after your file is closed (or 7 years, as required by local regulations).

5. Voluntary Participation and Responsibility

Participation in therapy is entirely voluntary. You may discontinue therapy at any time – ideally, with some notice so we can plan for a supportive and thoughtful ending.

Psychotherapy is meant to support and empower you. As a therapist, I do not offer advice, make decisions on your behalf, or assume responsibility for your actions or their consequences. You remain fully responsible for any decisions you make during or outside of therapy.

Client Consent

☒ I confirm that:

- I have read and understood the contents of this form,
- I understand the nature of therapy and how my personal data will be handled,
- I freely and knowingly agree to participate in psychotherapy.

Name: _____

Date: _____

Signature: _____

(for paper or check box in electronic version of intake form)