CONSENT, CONFIDENTIALITY & PRIVACY AGREEMENT

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any "cures" cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

Confidentiality will be further explained and discussed during an initial session- "informed consent" process before you decide to pursue psychotherapy services. If you proceed, this informed consent process continues. I take informed consent very seriously as well as my duties as a mandated reporter.

For more information, please see:

www.crpo.ca/standard-3-1-confidentiality/ (e.g., scroll down to "Limits to confidentiality") Information about "The Missing Persons Act": https://www.ontario.ca/laws/statute/18m03#BK5

Furthermore, you may access your records anytime we meet for a session and can request any corrections via email to the email address below. Lastly, my practice's client record retention policy is 10 years.

I consent to working with Caro Cloutier RP. I agree to the above limits of confidentiality and understand their meanings and ramifications. I also understand the additional details listed and and their meanings.

Signature of Client (parent or guardian)	Signature of Client #2 (if applicable)
Date	Date
Witness	Date