



STATEMENT OF CONFIDENTIALITY AND CLIENT CONSENT

CONFIDENTIALITY

Your therapy is protected by strict ethical guidelines. Your psychologist will not share information without your written permission, except as required by law. If you are a minor, there may be instances where your parents would have the right to know about some things because they are your legal guardians. However, your psychologist would usually make an agreement with your parents before therapy begins.

Federal and Provincial regulations require disclosure of information related to:

Suspected child abuse or neglect
Threats or intention to physically harm oneself or another person
Acts of physical or sexual abuse

In these instances, your psychologist is legally and ethically obligated to report these acts to the appropriate authority to keep you or someone else safe.

I have read this statement and acknowledge its conditions.

_____ Date: _____
Signature of Client

CLIENT CONSENT

I give my psychologist, Deborah R. Lain, MSc., permission to speak with or write a letter to my primary physician/specialist, Dr. _____ Phone: _____ indicating my goals for therapy, assessment and recommendations. Requests for any other psychological reports for medical, legal or insurance purposes will be discussed and agreed upon prior to submission of the report.

_____ Date: _____
Signature of Client