



# Informed Consent for Psychotherapy and/or Assessment

**Catherine Currell, Ph.D., R.Psych.**

**This information, like all information that you share with me, is private and confidential. Provincial and professional psychologists' standards require that you be informed of all possible contingencies that might arise in the course of therapy. Please check to be sure you have read, understood, and discussed all questions with me.**

## *Confidential Data Form*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Phone #  
May I call you and leave messages at this number? Yes \_\_\_ No \_\_\_  
May I communicate via text message at this number? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Email Address  
May I communicate through email with you? Yes \_\_\_ No \_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth date

**Note on Insurance Reimbursement:** I must ask that you pay at the end of each session unless you are insured through Veterans Affairs Canada (VAC) or the RCMP.

**Confidentiality:** Provincial law and professional ethics require psychologists to maintain confidentiality except for the following situations:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. A situation in which serious threat to an identified victim is communicated to me.
3. When threat to injure or kill oneself is communicated to me.
4. If you are required to sign a release for psychotherapy records if you are involved in legal incidents.
5. If you are attempting to drive when it is suspected that you are under the influence of a substance that would impair your ability to drive safely.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness