Statement of Understanding

Confidentiality

Sharon Cohen M.A. Psych., R.P. respects the privacy of her clients, holds in strict confidence all information about clients and complies with applicable privacy and other legislation.

No information will be released to a third party without your prior written authorization.

At any time, you have the right to withhold or withdraw consent to, or place conditions on, the disclosure of your information. Exceptions to confidentiality include the legal and/or ethical obligations for your therapist to:

(1) When a client indicates they are at risk of hurting him/herself or others, such as when there is a danger of suicide or assault. In these situations, a therapist may need to take additional steps to ensure safety.

(2) When a therapist has reason to believe that a child under age 16 requires protection from physical abuse, sexual abuse, serious emotional abuse or neglect.

This includes situations when physical abuse or high levels of conflict occur between adult family members and there is a child (or children) in the home. It also includes situations when a client reports that a child is not being adequately supervised and is at risk of harm.

It also includes situations when a client discloses that s/he was abused in childhood and there is a possibility that the abusive person may be a danger to other children now. In these situations, Family and Children's Services needs to be contacted.

(3) It also includes when a therapist is mandated by law to disclose information. This may include situations where a therapist is subpoenaed or ordered to testify in court.

Crisis & In Case of Emergency

Emergency services are not available between sessions by Sharon. In case of emergency, dial 911, go to the nearest emergency department of any hospital, or call your local crisis lines. Sharon is unable to provide services to clients in acute crisis and outside of regular business hours. Should you be in crisis between sessions please call 911 or go to the nearest Hospital Emergency Department

Cancellations and Missed Sessions

Please contact Sharon by phone or email to change your appointment with **at least 24 hours' notice (one business day)** if you are unable to keep your scheduled time. Missed sessions are billed at the full cost.

Statement of Informed Consent

I have read and understand the information presented in this document. I hereby consent to psychotherapy and counselling services offered by Sharon Cohen M.A. Psych., R.P.

_____

Client Name (Print)

_____

Client's Signature and Date

I have read and understood these terms of service.

_____

Sharon Cohen M.A. Psych., R.P. and Date