

CONSENT - TREATMENT & PAYMENT

- I understand that I am consenting to engage in the counselling process, with a therapist who works from the following models of counselling: Client-centered; Narrative; Cognitive-behavioral; and Interpersonal.
- I understand that there are both benefits and risks to therapy. Possible benefits include increased understanding of problems and people, the development of new skills and the ability to change behavior patterns. Possible risks include the stimulation of emotions and memories that may evoke strong feelings and changes in self-perceptions, as well as ways of relating to others. The process of personal change is varied and individual.
- I understand that I am invited to mention any concerns or questions to my therapist as they arise, and that I may discontinue treatment at any time, and do not have to explain my reasons.
- I have read and understood the confidentiality form.
- I understand that my therapist is registered with the College of Psychologists of B.C. which provides guidelines regarding appropriate and ethical practice. If I have a concern or a complaint regarding my therapist I may contact the College to let them know of my concern.

College of Psychologists of B.C. 404 – 1755 W. Broadway Vancouver, B.C. V6J 4S5	604-736-6164 www.collegeofpsychologists.bc.ca
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- I understand that payment is required at the time of each scheduled session, and that forms, reports, and phone calls or emails over 10 minutes are billed accordingly.
- I understand that a session may be cancelled without penalty if 24 hours notice is given. Late cancellations may be charged at the full rate, depending on circumstances.

My signature below indicates that I have read and understood the above, and that I have had any questions answered to my satisfaction.

print name

signature

date

Cathy Hill, Ph.D., R.Psych.(1609)

signature

date