INFORMED CONSENT FOR TREATMENT

This form is to authorize, request, give permission for, and consent to psychotherapy services from the practice of Grace McDonald, M.A., Registered Marriage & Family Therapist (RMFT) and Registered Clinical Counsellor (RCC).

I understand that our relationship is strictly voluntary and that I may choose to terminate therapy at any time. I understand that my therapist may choose to terminate therapy if he or she determines that continued therapy with him or her will not be beneficial to me. In such a case, I understand that the therapist will explain the reasons for his or her decision. He or she will offer me appropriate referrals or referral sources to continue therapy if I wish, and aid as is appropriate in the transition.

The frequency and type of treatment will be decided between my therapist and me.

I understand that the purpose of these procedures will be explained to me and be subject to my verbal agreement.

I understand that there is an expectation that I (or the minor, I am authorizing therapy for) will benefit from psychotherapy but there's no guarantee that this will occur.

I understand that the maximum benefit will occur with consistent attendance and that at times, I may feel conflicted about the therapy, as the process can sometimes be uncomfortable.

I understand that the therapy is confidential aside from exceptions to confidentiality as stated in the law. I understand that the therapist is allowed or required to breach confidentiality by contacting appropriate persons and/or by reporting to the appropriate authorities reasonable suspicion if he/she believes that a child, elderly or disabled person is being abused, including by neglect, assault, battery, or sexual molestation; or if there is a threat of serious harm to myself or another person.

By signing below, I acknowledge that I have received, reviewed, and fully understand the terms and conditions of the Agreement for Service for the practice of Grace McDonald, M.A. I have discussed such terms and conditions with the therapist, and have had any questions with regard to its terms and conditions answered to my satisfaction. I agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with the therapist. Moreover, I agree to hold the therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. If I am signing to consent for treatment for a minor client, I acknowledge that I have the legal right to authorize such treatment. With my signature, I confirm that I have read and fully understand this consent for treatment form.

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______________________________________ ___________________________________________________ ____________
AGREEMENT FOR SERVICE

This document contains important information about Grace McDonald’s professional services and business policies. Please read it carefully and bring up any questions you might have at your next meeting.

Introduction
This Agreement is intended to provide _____________________________________ (herein “Client”) with important information regarding the practices, polices and procedures of Grace McDonald, M.A., (herein “Therapist”), and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Therapist Background and Qualifications
Therapist is a practicing marriage and family therapist (MFT), who works with adolescents and adults. Therapist has training and experience treating patients affected by depression, anxiety, developmental trauma, parenting issues, relationship issues, and life transitions. Therapist is registered in British Colombia and licensed by the American Association of Marriage & Family Therapy (AAMFT).

Therapist’s theoretical orientation can be described as focused and compassionate, with a goal of finding practical solutions. Therapist draws on a number of techniques as appropriate, including, but not limited to, Imago Relationship Therapy (connection with your partner, communication skills, conflict management tools), existentialism (authenticity, intentionality, responsibility), mindfulness (awareness, mediation), and cognitive (examining the relationship between thoughts and feelings) therapy.

Risks and Benefits of Therapy
Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Client can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Client may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits
Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Client’s perceptions and assumptions, and offer different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of Client.

During the therapeutic process, many patients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Professional Consultation
Professional consultation is an important component of a healthy psychotherapy practice. As such, Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, Therapist will not reveal any personally identifying information regarding Client.

Records and Record Keeping
Therapist may take notes during session, and will also produce other notes and records regarding Client’s treatment. These notes constitute Therapist’s clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any patient. Should Client request a copy of Therapist’s records, such a request must be made in writing. Therapist reserves the right to provide Client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Client’s records for ten years following termination of therapy. However, after ten years, Client’s records will be destroyed in a manner that preserves Client’s confidentiality.

Confidentiality
The information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client, except where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child, elder and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a Client is dangerous to him/herself or the person or property of another. Also, if Client is sent to Therapist by a court or an employer for evaluation or treatment, the court or employer expects a report from Therapist. Client should and has the right to talk with Therapist before discussing anything Client do not want the
court or employer to know. In addition, the court may order Therapist to show Client records if Client is being sued or charged with a crime, and Client should consult a lawyer about these issues.

If you are under eighteen years of age, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is my policy to request a written agreement from your parents or guardians indicating that they consent to give up access to such information and/or to your records. If they agree, I will provide them only with general information about our work together subject to your approval, or, if I feel it is important for them to know in order to make sure that you and people around you are safe. If I think it is appropriate, I will involve them if I feel that there is a high risk that you will seriously harm yourself or another/others. Before giving them any verbal or written information, I will discuss the matter with you, if possible. I will do the best I can to resolve any differences that you and I may have about what I am prepared to discuss.

As you know, Therapist works with a group of independent health services professionals, under the name Yinstill Reproductive Wellness. This group is an association of independently practicing professionals that share certain expenses and administrative functions. While the members share an office space, Therapist is completely independent in providing Client with clinical services, and Therapist alone is fully responsible for those services. Therapist’s professional records are separately maintained, and no member of the group can have access to them without Client specific, written permission. Yinstill’s office manager provides administrative and management services to Therapist. Client contact, billing, and scheduling information is shared with the clinic manager. As an independent practitioner, Therapist is solely responsible for all matters concerning Client clinical care, and all questions about that care should be addressed to Therapist.

Fee Arrangements & Cancellation Policy

The usual and agreed upon fee for service is $100 per 60-minute session, including a complimentary initial phone consultation. Sessions longer than 60-minutes are charged for the additional time pro rata. Therapist reserves the right to periodically adjust this fee. Client will be notified of any fee adjustment in advance.

From time-to-time, Therapist may engage in telephone contact with Client for purposes other than scheduling sessions. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than fifteen minutes. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at Client’s request and with Client’s advance written authorization. Client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than fifteen minutes.

Clients are expected to pay for services at the time services are rendered. Therapist accepts cash, checks, and major credit cards, Visa and MasterCard. Clients fill out a credit card authorization form prior to the first visit. Therapist keeps this information on file in case of missed sessions, in which case Clients will be charged the full fee and emailed the receipt. Client is responsible for payment of 100% of the agreed upon fee for any missed session(s). Client is also responsible for payment of 100% of the agreed upon fee for any session(s) for which Client failed to give Therapist at least 24 hours notice of cancellation. Cancellation notice should be left on Therapist’s voice mail at 604-873-9355.
**Insurance Coverage**

Therapist is not a contracted provider with any insurance company or Medical Services Plan. Should Client choose to use his/her insurance, Therapist will provide Client with a statement, which Client can submit to the third-party of his/her choice to seek reimbursement of fees already paid.

**Therapist Availability**

Therapist’s office is equipped with a confidential voice mail system that allows Client to leave a message at any time. Therapist will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. Therapist is unable to provide 24-hour crisis service. In the event that Client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, the Crisis/Suicide hotline at 604-872-3311, or go to the nearest emergency room.

**Use of Alcohol or Drugs**

Client agrees to refrain from using alcohol and/or any non-prescription, recreational drugs during and before the scheduled psychotherapy sessions. If Client is deemed to be under the influence of alcohol or non-prescription recreational drugs during a session, then the session will be immediately terminated. One of the goals of therapy is evaluate Client’s emotional functioning on a regular basis. If Client alters his or her emotional state with intoxicants, the effectiveness of the therapy will be undermined. Client is encouraged to be completely candid in revealing to Therapist the occasional, recreational, and/or regular use of alcohol or drugs, including over-the-counter and prescription medication.

**Termination of Therapy**

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client needs are outside of Therapist’s scope of competence or practice, or Client is not making adequate progress in therapy. Client has the right to terminate therapy at his/her discretion. Upon either party’s decision to terminate therapy, Therapist will generally recommend that Client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to Client.