

Couples Counselling Confidentiality Form

The information that both of you provide to me as a psychotherapist, either verbally, or in other forms (ie. email) is confidential with the following exceptions:

- A. If there is serious or imminent danger of you harming yourself, killing yourself, hurting another person, or killing another person, I may need to reveal to appropriate third parties (including your emergency contact and/or emergency personnel) enough information to help you or those at risk of harm.
- B. I am required to report, by law, any suspicions that a child under the age of 18, an elderly person, or another vulnerable person, is at risk of, or is being, abused or neglected.
- C. If you are involved in legal proceedings, my files may be subpoenaed by the court.
- D. If you reveal to me that a registered health care provider (ie. physician, social worker, psychologist, etc.) has sexually abused you, I am required by law to report them to their governing body.
- E. As a therapist who is entrusted with information from both partners of the relationship, I cannot “keep secrets,” which means that I cannot promise to protect secrets of either partner from the other person, especially if the secret is harmful or destructive to the process of the therapy.
- F. Jennifer access supervision from another Registered Psychotherapist, Adriana Anborgh, at regular intervals. Relevant case details may be discussed with all limits to confidentiality applying as noted above.

Other considerations:

- A. When you attend couples therapy sessions, you as a couple are considered to be “the client” which means that, except in the circumstances above, I will need a written consent from both of you in order to disclose any information from your record to a third party.
- B. Because the relationship is the main focus of couples therapy, both partners of a couple must be present for the couples session to start (unless otherwise arranged). If one partner is late in arriving or does not show for the appointment, I reserve the right to delay the start of the session or to cancel the session if necessary.

We, the client, understand and consent to the above terms, and agree to initiate treatment with Jennifer Perkins

Name of Partner #1 and birthdate (DD/MM/YYYY)

Signature of Partner #1

Name of Partner #2 and birthdate (DD/MM/YYYY)

Signature of Partner #2

Jennifer Perkins, R.P., C.C.C.

Date