

## Consent for Treatment

I, \_\_\_\_\_ hereby consent to receiving psychological treatment with the following understandings:

The information that 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. 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.

Please sign below to indicate that you have read and understand the above confidentiality and consent information and have had all questions answered to your satisfaction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jennifer Perkins, R.P., C.C.C.

\_\_\_\_\_  
Date