



MINDFUL THERAPIES

### Client Information and Consent to Treatment - Adult

The initial session is designed to understand your reason for coming in, to obtain some contextual/background information, and to determine if psychological treatment may be suitable for your concern(s). By the end of the first session, there should be some indication of the focus of treatment as well as proposed treatment length and frequency. One of the best predictors of treatment outcome is client-therapist relationship. As such, you are encouraged to ask questions and be open about any concerns you may have regarding treatment at any time.

Psychological therapies have been found to be effective treatments for a wide variety of mental health concerns; however, there are no guarantees provided for treatment efficacy. If you or your therapist believe that a different treatment would be more effective, please explore that treatment, and appropriate referrals can be made by your therapist if needed.

Appointments: Please attempt to be on time for all scheduled appointments. If it is necessary for you to cancel an appointment, please do so at least 24 hours in advance. If the appointment is cancelled with less than 24 hours' notice (i.e., 1 business day). You are free to discontinue therapy at any time for any reason; however, it is encouraged that you let your therapist know in advance so that termination can be discussed.

Confidentiality: All information contained within your sessions is strictly confidential. Your information will be kept in a secure locked location and will not be released to anyone without your explicit consent, except where required by law.

Psychologists and all other health care providers in Nova Scotia are required by law to break confidentiality (with or without consent) in the following circumstances:

1. In cases of suspected child abuse or neglect, a report must be made to the Department of Children's Services.
2. If there is any suggestion that you are at risk of harming yourself or someone else, this must be reported to police or others (family, caregivers, emergency services) who can ensure your or others' safety.
3. If you are involved in a court of law and psychological records and/or testimony are subpoenaed.

Consent: By signing this form, you are indicating that you have read and understood all of the above information. You are also indicating that you have had the opportunity to ask questions or discuss any points that were unclear, and you are in agreement with these terms.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Therapist Name Printed

\_\_\_\_\_  
Date