

Anne Graham, MC
Licensed Psychologist



Consent to Service

The work we do together is confidential. Everything we discuss and all the information I gather on you and/or your family during our work together is private.

I need your consent to provide therapy and/or assessment services to you and/or your child(ren). I also need your consent to share information with other individuals and/or outside agencies. I do, at times, consult with other psychologists in order to assist you. During these possible consultations, names or identifying information are never discussed. The goal of these consultations is to brainstorm possible resources, services, or potential problems.

There are situations in which I am required to break our confidentiality agreement:

- By law, I have to report abuse to children and dependent adults. This includes sexual abuse and exposure to family violence.
- By law, I also have to report sexual abuse in a professional/client relationship.
- If you or your child is at risk of committing suicide or seriously harming someone else, I will take necessary steps to ensure safety.
- If I am called to testify in court, I have to answer any questions I am asked while on the witness stand. Confidentiality is not protected.

If you or your child has been referred to me by a professional (e.g. doctor, guidance counsellor) or by an employment assistance program (EAP) agency, I routinely send a letter informing them that service is being offered and another letter letting them know when service is finished. Let me know if you do not wish for me to send these letters or this is an area we need to discuss further.

It is your responsibility to schedule and attend appointments. If you cannot attend your scheduled appointment I ask that you notify me within 24 hours of your appointment.

I understand the above information. I consent to receive therapy services from Anne Graham, Licensed Psychologist under these conditions. This consent can be withdrawn by the person giving consent at any time.

Client's Name: _____ Date: _____

Name(s) of Parents/Guardians: _____

Witness

Consenting Person