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SOCIAL WORKER, INDIVIDUAL AND COUPLES THERAPIST
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INFORMED CONSENT FOR THERAPY

The following information is to assist you in giving informed consent and to clearly define rights and responsibilities in the therapeutic relationship. Knowing your rights and responsibilities creates a safe framework to take risks and to open yourself to new experiences.

CONFIDENTIALITY

All assessment, counselling therapy, and consultation services are private and confidential. I will not release your name or information written or otherwise about you, or your dependents, without your written authorization. You may revoke this permission at any time. There are some important exceptions to this policy, as described below:

- If there is reason to believe that you are at serious and imminent risk of physically harming yourself or another person, I am required to take whatever action may be appropriate under the circumstances to preserve health and safety, regardless of whether or not confidential information may be released.
- If there is reason to believe that a child is suffering from abuse and/or neglect, I am required by law to report this concern to provincial authorities.
- If you have been sexually abused by another regulated health professional.
- Personal records may be subpoenaed or court-ordered to be released. I will consult with you and/or legal counsel to determine the most appropriate action to ensure your privacy and safety.
- All records are kept and maintained in accordance with the current requirements of the Canadian Association of Social Workers, BC Association of Social Workers, and the Health Professionals Act.

If you or your partner are in couples' therapy and you decide to have some individual sessions as part of it, what you say in those individual sessions will be considered a part of the couples' therapy and can and probably will be discussed in our joint sessions.

It is not my policy to communicate with you through social media.

FEES

My fees are consistent with the guidelines of the BC Association of Clinical Counsellors. They may be revised from time to time and notice will be given months ahead if this is planned. A sliding scale is available. Billing occurs on a weekly or monthly basis, or other, according to your preference. Payment is appreciated within 15 days after you receive an invoice.

Payment may be made by cheque, posted to the office, or by e-transfer, as you prefer. If by e-transfer, you will be supplied with a question and password for use in setting it up.

MISSED APPOINTMENTS

Your appointment is a block of time reserved for you. If you believe you won't be able to attend a regular session, I ask that you do 2 things: give me 24 hours' notice of the need to reschedule and look with me for another time usually within a week or two in order to hold the rescheduled session that is convenient for both of us. If a time cannot be found, I will try to fill that session, so you do not have to pay for it. However, if we cannot find a mutually convenient time to reschedule or I cannot fill that session, you will be responsible for paying for the missed session. The full session fee is charged for appointments missed without 24 hours' notification and without a willingness to look for an alternative time to meet.

HOLIDAYS

When I take holidays, it can be for up to 4 weeks a year. Equally, if your holidays are up to 4 weeks in total annually, there will be no charge for those session times when you are away. When there are more frequent or lengthy breaks in treatment due to your holidays or travel for employment, this becomes something for discussion as part of our work together.

COMPLAINTS

Misunderstandings or other difficult or uncomfortable issues may arise in our relationship and are not uncommon in the process of therapy. If you are unhappy with what is happening in therapy, I hope that you'll talk about it with me so that I can respond to your concerns. I will take criticism seriously with care and respect.

If you have any questions not answered by this form, please bring them up.

PLEASE SIGN BELOW:

"Having read the information in this form, I understand and accept the conditions of this practice as set out above. I understand and accept that information about me, or my dependents as applicable, may be released only under the specified, exceptional circumstances mentioned."

Name: _____

Address: _____

Phone: _____

Date of birth: _____

Today's date: _____

Signature: _____