



## CONSENT FOR ASSESSMENT AND TREATMENT

I \_\_\_\_\_ born on \_\_\_\_\_ consent to the treatment with the following understandings:

### Confidentiality

I understand that all information shared with Jan Jelinek, my therapist, is confidential and no information will be released without my written authorisation. Verbal consent for limited release information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

A. When there is risk of imminent danger to myself or to another person, my therapist is ethically and legally bound to take necessary steps to prevent such danger.

B. When there is a reasonable suspicion that a child or elder or any vulnerable person is being sexually or physically abused or is at risk of such abuse, my therapist is legally required to take steps to protect the person, and to inform the proper authorities.

C. When a valid court order is issued for medical records, my therapist is bound by law to comply with such requests.

I also agree that some medical information may be shared with my family physician for professional purpose only unless otherwise specified.

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### Therapy agreement

I understand that I am eligible to receive evidence-based treatment in form of individual therapy. The type and extend of service that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of assessment process is to determine the best course of treatment for me.

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### Attendance agreement

Individual therapy session lasts for 50-60 minutes. Session frequency can vary over the treatment period, depending on the specific therapy task accomplished. I agree to inform my therapist 24 hours prior to our appointment time if I need to cancel or change an appointment time. As a client I understand that I will be required to pay my session fee (\$\_\_\_\_) should I fail to give adequate notice of a cancellation or a request to reschedule an appointment.

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### Risks and benefits

I understand that while psychotherapy may provide significant benefits based on empirical evidence, it may also pose risks. Psychotherapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories.

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**Outcome measures**

I understand that I may be asked to complete questionnaires that will help both me and the therapist monitor my progress in therapy and might be used for a specific research project. I hereby provide consent that my questionnaire scores can be used by my therapist to measure ongoing effectiveness of the treatment and the results of any studies can be published in professional journals or presented to professional conferences. I understand that all my responses will be kept completely confidential and any information that could identify me will not be used.

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**Rights and responsibilities**

I have a right to be treated with respect, dignity, and without discrimination regardless my age, gender, mental and physical status, sexual orientation, race, belief system or ethnic background. I can expect from my therapist to make his best effort to conduct the therapy as competently as possible. I have a right to ask questions at any time, be informed by my therapist as to his qualifications, areas of specialisations and limitations, and the code of ethics which he follows. I have a right to be advised as to the limits of therapeutic service, discuss my treatment with others (including getting a second opinion), be informed of the College of Alberta Psychologists’ grievance procedures so that I may file a formal complaint when I am not able to resolve my concerns with my therapist. I understand that I may stop treatment at anytime.

I understand that I am responsible for setting therapeutic goals for my treatment and review them as required. I will cooperate with my therapist in evaluating the treatment process and work toward building a life worth living.

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**Payment of services**

The session fee is \$\_\_\_\_\_ per one hour of face-to-face therapy and telephone consultations (excluding initial telephone in-take or scheduling). Other billable services, such as report writing, professional letters, form completion, and review of written records from other specialists are billed at the same rate. Payment is required at the end of each appointment (cash or cheques are accepted) and I will receive a receipt upon payment.

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Client: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist: Jan Jelinek, MSc.  
RPsych. #3157

Signature: \_\_\_\_\_

Date: \_\_\_\_\_