3450 Drummond Street Suite # 150

Montreal, Quebec, H3G 1Y2

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

Informed and Enlightened Consent

I, \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am informed about and consent to receive counselling from Sheryl Blum, (psychologist) who is licensed by the Order of Psychologists of Quebec. I understand that all records and anything pertaining to our sessions will be kept in a secure and protected environment as per OPQ regulations. I understand that any information pertaining to my counselling sessions shall not be released to anyone unless written consent is obtained from me. I do however understand that confidentiality will be breeched if I am at risk for harming myself or someone else (imminent danger to self and/or others), and in situations involving child abuse and/or neglect.

My psychologist may occasionally find it helpful to consult with other professionals about my case however it will be with colleagues who are also members of the OPQ and as such, are bound by the same ethical standards as my psychologist.

I understand that each session will run for approximately 50 minutes. I must pay at each session the total amount due. Please be aware that there will be an extra $25 administration fee charge added to session fees that are paid late, cheques which come back NSF, post-dated cheques and any and all requests for delayed payments. I understand that I will not be permitted to continue therapy until such time that I have provided payment, in full, for a previously missed session.

I have been informed about the risks and benefits of following a Cognitive-Behavior therapy (CBT) approach. As well, I have also been explained what CBT is and how it can help my issue(s). At times, my therapist may use other approaches in counselling for example, supportive counselling. I understand the general nature and extent of the potential benefits and risks involved in counselling as they have been explained to me by my psychologist. I may withdraw from counselling at any time.

I understand that if I need to contact my psychologist, I can contact them and they will try to return the message within 24 hours or less. In the event that an emergency arises, there are clinical resources available in the community, including hospital emergency rooms and CLSCs, psychiatrists, family physicians, etcetera.

By signing below, I consent to the above conditions.

Signature of client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of psychologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OPQ. # 11569-10

Sheryl Blum Med, Psychologist