

# Living Institute Student Clinic

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## Client Informed Consent Form

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### INFORMED CONSENT

I have completed a consultation with the Clinical Director and have been referred to the intern whose signature appears below. I understand that therapy sometimes involves discussing difficult aspects of life and I may experience feelings like sadness, guilt, anger, frustration, loneliness and helplessness in the course of our work. It is also my understanding that the benefits of psychotherapy include but are not limited to: increased self awareness, improved interpersonal relationships, a vitalized sense of self, discovery of meaning and purpose in life, solutions to problems, greater ability to express thoughts and emotions, and reduction in feelings of distress. I understand that there are potential risks and benefits associated with any form of psychotherapy and at some points in the process I may even feel worse. I can discuss my experiences in therapy with the intern and ask about alternative courses of action. I understand that the consequences of not engaging in psychotherapy are varied and cannot be defined in a general way.

### I understand that I have the following rights with respect to psychotherapy:

- (1) I understand that my intern may use a variety of therapeutic techniques, including psychodynamic, somatic, humanistic and transpersonal methods, and will sometimes suggest exercises based in this. My intern will explain these approaches to me as is appropriate in the process of our work together. I have the right to withhold or withdraw consent at any time to all or part of this, while respecting the proper conduct of therapy, without affecting my right to future care or treatment.
- (2) The information disclosed by me during the course of my therapy is confidential. However, there are exceptions to confidentiality, including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards a victim; domestic abuse; legal subpoena, suicidality. My intern has an ethical and legal duty to report these. As a part of the standard operation of the Student Clinic, my intern will discuss confidential information from our sessions with a practice supervisor. Intern training requirements also include dyadic or group supervision where details will be presented without identifying information such as my name.
- (3) I understand that I have the right to access my file and copies of records on request, subject to reasonable notice.
- (4) I have a right to a receipt for clinic services on request, subject to reasonable notice.
- (5) If I have any questions or feel uncomfortable with the process of therapy, I understand that I have the right to bring them up in conversation with my intern. I may ask for a referral to another practitioner if I choose or contact the Clinical Director to ask for referral to another intern or to discuss any issues of concern regarding my therapy process.
- (6) The full *Code of Ethics* for the Student Clinic is posted at [www.livinginstitute.org](http://www.livinginstitute.org) for my information.

**I understand that I have the following responsibilities with respect to psychotherapy:**

- (1) I recognize that therapy is a mutual process in which there is a shared responsibility for decision making and action toward healing, growth and realization of potential. My responsibility includes the recognition of my own agency and capacity for choice. I will engage in the creation, development and enactment of the therapeutic process.
- (2) I agree to be responsible for the fee of \_\_\_\_\_ per session. I understand further that I will be given reasonable notice before any anticipated change of fees. If my circumstances change I can discuss a change of fee with my intern. I agree to pay for services when delivered unless other arrangements are agreed upon.
- (3) I understand that there is a 24-hour cancellation notice requirement. I agree to be responsible for payment for any scheduled session that I do not attend, if I have not given at least 24 hours notice. I understand that this does not apply to emergency situations, in which case I agree to give as much notice as possible.
- (4) I will notify my intern of any prescription medications and any changes in their usage.
- (5) I agree to share information regarding my mental and physical health as assessed by previous practitioners, including any disagreements I may have with their opinions.
- (6) As part of standard Clinic policy, the Living Institute Student Clinic does not release intern records for legal proceedings. If I anticipate a legal proceeding (insurance claims, child custody cases etc.) I should tell my intern immediately so that alternative arrangements can be made.
- (7) I understand that if my assigned intern believes, in consultation with their Practice Supervisor and Clinical Director, that my needs are beyond the scope of their expertise, that I will be provided with a referral to another practitioner.

I have read and understand the information provided above, which has also been explained to me verbally. I have discussed it with my intern, and my questions have been answered to my satisfaction. I hereby consent to psychotherapy treatment in the Living Institute Student Clinic.

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

\_\_\_\_\_ Signature of intern

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

*Welcome to my practice.  
I sincerely commit to working with you to the best of my ability  
so that your psychotherapy experience will be deeply rewarding.*