

INFORMED CONSENT FORM

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PROFESSIONAL INTRODUCTION

I have a Ph.D. in Philosophy of Education with a focus on existential and philosophical counselling as well as a Master of Counselling from City University. I am registered with the Canadian Counselling and Psychotherapy Association, a member of the National Philosophical Counselling Association, and a Professional Member of the Canadian Humanistic and Transpersonal Association. My professional practice includes issues such as depression, anxiety, relationships, sexuality, loss and grief, existential crisis, spiritual crisis, and life transitions.

THERAPEUTIC ORIENTATION

In therapy, methods obtained from narrative, existential, process-oriented, and solution-focused therapies may be implemented. My services focus on life issues that may be explored with a philosophical approach.

REFERRALS AND TERMINATION OF SERVICES

If at any point during therapy, it becomes apparent that my approach to therapy is not well matched with your needs, I will refer you to another therapist who is more suitable. If at any point during therapy it becomes apparent that a more serious mental illness beyond my scope of practice is needed, we will discontinue treatment and I will suggest that you seek the assistance of a medical professional for assessment.

BENEFITS AND RISKS

During therapy sessions, there may be benefits such as gaining personal insights, learning new ways to cope with problems, and changing unwanted behaviours. During the process of therapy, there may be some risks as well. For example, while contemplating and talking about personal pain, strong emotions may be experienced, you may have a different view of yourself, and you may develop a different way of relating to others.

CONFIDENTIALITY

All the information during our sessions and the notes I keep on file are confidential. There will be no information released without your signed consent. However, I am legally required to break confidentiality if

- You report information that a minor child is in current circumstances of abuse or neglect
- You indicate that you have specific plans and intent to harm yourself or another
- Your clinical file is subpoenaed by court order

BILLING AND CANCELLATION

Payment is made at the end of each therapy session. A minimum of 48 hours is required to change and/or cancel an appointment. If no notice of cancellation is provided within this time frame, you will be billed for the session.

CLIENT RIGHTS

As a client, you always have the right to discontinue treatment at any time. You have the right to refuse particular therapeutic modalities. Also, you have the right to access your clinical file. If you have any questions, concerns or complaints that we are unable to resolve, you are invited to contact the Canadian Humanistic and Transpersonal Association at <http://www.chata.ca/contact>.

By signing below, I _____, acknowledge that I understand, agree to, and accept the conditions of this statement.

Client Signature: _____ Date: _____

Signature of Psychotherapist: _____ Date: _____