
Therapy Agreement & Informed Consent

Welcome

Thank you for choosing to begin therapy. Reaching out for support is a meaningful step, and I want you to feel comfortable, respected, and understood as we work together. My intention is to offer a space that feels steady, warm, and emotionally safe — a place where you can explore your experiences at your own pace and feel supported in whatever you are carrying.

Contact Information

Client Name: _____

Pronouns (optional): _____

Address: _____

D.O.B: _____

Cell: _____

Email: _____

1. Understanding Therapy

Therapy is a collaborative process. Together, we explore your thoughts, emotions, and experiences with curiosity and compassion. You are the expert on your own life, and my role is to walk alongside you with support, insight, and clinical guidance.

Therapy is voluntary. You may pause or end therapy at any time, and we can talk through what next steps might look like if you choose to do so.

While many people find therapy helpful, I cannot guarantee specific outcomes. Your progress is supported by your readiness, comfort, and engagement in the process.

2. Risks & Benefits

Therapy can bring relief, clarity, and a deeper understanding of yourself. It may also bring up difficult emotions or memories as we explore sensitive areas of your life. These reactions are normal and can be worked through gently and collaboratively. You are always welcome to slow down, take breaks, or let me know what feels supportive for you.

3. Confidentiality & Its Limits

Your privacy matters deeply. What you share in therapy is confidential, with a few exceptions required by law to ensure safety and protection:

- Immediate risk of serious harm to self or others
- Suspected abuse or neglect of a child, elder, or dependent adult
- A court order requiring release of records

You are welcome to ask questions about confidentiality at any time.

4. Records & Access to Information

Your records are stored securely in accordance with Alberta privacy legislation. You may request access to your records at any time. Information is only shared with other professionals when you provide written consent.

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5. Sessions, Fees, Payment, Cancellations & Rescheduling

Session Length: 60 minutes

Fee: \$225.00 per session

Payment is due at the time of each session by e-transfer, unless another arrangement has been discussed. Emotional Wellness Therapy does not bill insurance directly; you are welcome to submit your receipts for reimbursement if your plan allows.

If you need to cancel or reschedule, please provide **24 hours' notice**. Cancellations with less than 24 hours' notice, or missed appointments without notice, are billed at the full session fee of **\$225.00**. Exceptions may be made in emergency situations.

6. Communication

Email and text are used for scheduling and administrative matters only. Therapeutic conversations are best supported within session, where we can explore them fully and safely.

Email and text are not fully secure and should not be used for urgent concerns. I do not mediate conflicts or provide therapeutic guidance between sessions via email or text.

7. Emergencies

Emotional Wellness Therapy does not provide crisis services. If you are in immediate danger or need urgent support, please contact **911**, visit the nearest emergency department, or call the **Distress Centre at (403) 266-HELP (4357)**.

8. Consent for Services

By signing below, you acknowledge that you:

- Understand the nature and purpose of individual therapy
- Understand the limits of confidentiality
- Have had the opportunity to ask questions
- Voluntarily consent to participate in therapy

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____

Cheryl D Nelson, MSW, RSW
Clinical Social Worker

*Thank you for taking the time to review this information.
Your comfort and understanding matter to me.*