

Maya Charney, MA

Somatic Psychology, psychotherapist

Consent Form for Psychotherapy

Psychotherapy is a collaborative process, and its ultimate goal is to empower the client to rediscover their own power. Maya Charney, MA, licensed psychotherapist, has developed a psychotherapeutic approach that encourages healing and self-transformation. She holds a master's degree in Somatic Psychology, based on the study of mind-body connections, from Naropa University (Boulder, Colorado, 2000).

Fees will be \$170 an hour, payable at the end of each session. Individual sessions will last 60 minutes unless otherwise discussed. These fees may be reimbursable by a group insurance program and are tax-deductible. Receipts will be provided free of charge.

The psychotherapist, in order to preserve professional secrecy, does not disclose any information about the client, except when the client has explicitly consented, in writing or verbally in an emergency, or when required by law.

However, confidentiality has certain limits. The psychotherapist is required to disclose confidential information when ordered by a court or when required by law, including under the Youth Protection Act and the Code of Professions. The psychotherapist may also disclose confidential information without the client's consent in order to prevent an act of violence when there is a serious and imminent risk of death or serious injury to the client, including suicide risk, or to an identifiable person or group of people, as well as when there are reasonable grounds to believe that a minor or a vulnerable adult, including an elderly person, is the victim of neglect, abuse, or mistreatment, in accordance with applicable laws.

I understand that the psychotherapist must maintain a record that outlines the progress of the therapeutic process. I have the right to access my record unless the psychotherapist believes it may be harmful to me.

I agree to notify the psychotherapist of any absence at least 48 hours before a scheduled appointment. If this notice period is not respected, the full amount of the session will be charged as an administrative fee.

I am free to withdraw my consent and terminate the process at any time. Although it is recommended that I discuss this first with the psychotherapist, so that the reasons for any decision are as conscious as possible.

By my signature, I confirm my acceptance of the terms of psychological services.

Client name [please print]

Clients signature

Date

Psychotherapist

Date