

# **Christina Branco Psychotherapy | Client Agreement Form**

## **Confidentiality**

Confidentiality is a significant component of therapy and healing. Information about your therapy and healing cannot be released to anyone unless you sign a “Release of Information” form. I (Christina Branco) am obligated by law to release information under the following conditions:

- If Christina is subpoenaed by a court of law
- If a child or an adult gives Christina information indicating concerns about abuse (physical, sexual or emotional abuse and/or neglect). I am professionally obligated to report this information to the Children’s Aid Society
- If you give Christina information that leads us to believe you will harm yourself or others, or that someone else is harming you, we may have to inform the necessary authority to ensure that you do neither

## **Group Confidentiality**

- Christina expects all clients to respect and understand the confidentiality of all members of the groups.
- You are expected to keep all personal and identifying information of other participants completely confidential, and understand that a possible breach of this agreement could result in legal action.

## **Circle of Care**

Christina Branco works from a team approach. It is important that if you are seeing multiple professionals for various therapies, group(s) and/or healing that all professionals are all working together with the same aim for and understanding of your well-being. Do know that as a professional I could be communicating together to ensure your best possible therapy and healing.

## **Choosing Group(s) and Services**

It is very important that every person accessing therapy and/or healing be the right fit for those services. To ensure that clients find the appropriate services that suit their needs and Christina is willing and wanting to assist you in making choices for your therapy and healing. However, she does reserve the right to determine which group(s)/services are not appropriate for you. Christina also reserves the right to terminate your access to group(s) and/or services if she feels it is necessary.

## **Appointment Length**

All appointments with Christina are **55 minutes** in length. Appointment times will not be extended to accommodate lateness.

## **Appointment Cancellation**

It is required to give 24 hours notice for cancellations inclusive of private therapy sessions, group programs. If you cancel within less than 24 hours notice you will be charged your session fee. If there is a “no show” you will be expected to pay for the session.

## **Payment**

Please consult Christina’s website for current fees. Individual Psychotherapy \$80.00 Couples \$160.00. Group Therapy Program (Drop-in Groups, Intensive Groups, Workshops and Lectures TBA). Fees for all our other services can be accessed through contact by phone: 613.329.7400 or email: [Christina@christinabrancopsychotherapy.com](mailto:Christina@christinabrancopsychotherapy.com)

Please note that services are not covered by OHIP.

## **Emergency Procedure**

If you are in an emergency situation while in therapy, you will be assisted in finding the appropriate services to better support you. If you are in an emergency situation while away from the office and are unable to reach my office, you must contact your Doctor or go to your nearest hospital emergency.

I agree to and accept the terms outlined above by Christina Branco Psychotherapy. I understand that if I go against any of the terms outlined above that I will not be able to participate in any of the services.

First and Last Name  
(required) \_\_\_\_\_

Signature  
\_\_\_\_\_

Date (required) (mm/dd/yy) \_\_\_\_\_