DR SHERRI RBUCE REGISTERED PSYCHOLOGIST #1458 INC.
#39-1400 Cowichan Bay Rd.
Cobble Hill, BC V0R 1L3
drsherribruce@gmail.com

FAMILY TREATMENT AGREEMENT (2 Adults)

Name of Client: _____
Address: _____
Name of Client: _____
Address: _____

The Nature of the Treatment: Therapy

Benefits of Therapy

Therapy can help a person to gain new understanding about his or her problems and learn new ways of coping with and solving problems, such as anxiety, anger, depression, parenting or relationship concerns. Therapy can help a person to develop new skills and to change behaviour patterns. Therapy can contribute to an improved ability to cope with stress and difficult situations and can increase understanding of self and others.

Risks of Therapy

We acknowledge that, Dr. Sherri Bruce has advised us that while there are potential benefits to therapy, there is no guarantee of success and that there are potential risks. We have been advised that during counselling emotions and memories **may** be stimulated which can evoke strong feelings and that changes in awareness may alter my self-perceptions and ways of relating to others. We have been advised that the process of personal change can be varied and individual.

We understand that by using **Eye Movement Desensitization and Reprocessing** some clients **may** experience reactions during a treatment session that neither the psychologist nor the client may anticipate, including emotional or physical sensations.

We also understand that after sessions the processing continues and other dreams, memories and feelings **may** emerge. We further understand that distressing and unresolved memories **may** emerge.

We, _____ & _____, understand that it is important that we mention promptly any concerns or questions to Dr. Sherri Bruce that we may have at any time during the process of therapy.

Sessions

A session usually lasts one hour –sometimes longer. During a session, we will focus on specific issues and work directly at getting solutions using one or using all two theoretical approaches – Solution Focused or Cognitive Behavioural.

We understand that **Solution Focused** therapy is an approach to psychotherapy based on solution-building rather than problem-solving. It explores current resources and future hopes rather than present problems and past causes and typically involves only three to five sessions.

We understand that **Cognitive Behavioural** therapy can be effective to deal with emotional and behavioural problems. The word "cognitive" means "to know" or "to think". Therefore, cognitive therapy is exploring your thoughts to understand how you feel and to explain what you do. Cognitive therapy explores the underlying thoughts, beliefs, and values that influence your perceptions that influence your feelings and behaviour.

You may be asked to complete some tasks between sessions.

Consent to Treatment

In knowledge and appreciation of the benefits and risks as made known to us by Dr. Sherri Bruce, and as reflected in this form, we, _____& _____ give our consent to participate in **therapy** for the purpose of addressing_____ _____.

We further acknowledge that Dr. Sherri Bruce must obtain each of our informed consent before changing or altering the nature of the treatment or psychological services provided to us _____& _____ (Client's initials).

Confidentiality and Limits of Confidentiality

Your sessions are entirely confidential according to the code of ethics of the College of Psychologists of British Columbia. The only legal/ethical exceptions to confidentiality are as follows:

- When a minor is at risk of abuse or neglect, and is unable to seek support and assistance
- When clients are at risk of imminent serious harm to themselves or others
- When either of you disclose that you have a condition which makes it dangerous to drive and continues to drive after being warned of the danger
- When either of you disclose you have an unreported communicable disease
- If the court orders the disclosure of client records
- When there is a request from the College of Psychologists in the course of an investigation or a registration matter
- If another licensed health care professional might be a danger to the public if he or she continues to practice (e.g., engaged in sexual conduct).
- When a client discloses that there has been cumulative stress, harassment or bullying in their workplace.

We have been advised by Dr. Sherri Bruce that all communications and all records relating to the provision of psychological services to us are confidential and may not be disclosed without our written consent _____ & _____ (clients' initials).

We have also been advised by Dr. Sherri Bruce that the law places certain limits on the confidential nature of the psychological services provided to us _____ & _____ (clients' initials).

Fees

We agree to pay for all psychological services provided to us: the first session which will be 1.5 hours at the rate of $220.00 per hour for a total of $330.00; remaining sessions at the rate of $220.00 per hour. We agree to pay in full for each session at each session unless another arrangement is agreed upon. These fees can be paid by cheque, cash, debit, MasterCard or Visa.

Cancelled appointments

We agree that if we cannot make a scheduled appointment that we must provide Dr. Sherri Bruce with at least 48 hours notice. If we fail to do so, we acknowledge and agree that we will be charged, and agree to pay $220.00 for the cancelled appointment. We understand that we can contact the office telephone number, 250.743.7811 at anytime, 48 hours a day, to make, change or cancel an appointment _____ & _____ (clients' initials). Another appointment time will not be arranged until the missed or late cancellation appointment fees are paid.

We, _____ & _____ acknowledge that we have had the opportunity to carefully read this document, to ask and have answered any questions or concerns we have about it or arising from it. We further acknowledge that we have read and understood the information contained in this document and that it records our consent to participate in the counselling process with DR SHERRI RBUCE REGISTERED PSYCHOLOGIST #1458 INC. according to the terms outlined above.

Signature: _____ Date: _____
Signature: _____ Date: _____
Provider: _____ Date: _____

Please note: Fees paid for psychological services are eligible for inclusion in your medical expense deduction on your income tax. Your extended health benefit plan may provide you reimbursement for fees paid for psychological services. You will be given a receipt for each payment which you should retain for income tax or other claim purposes.