

CONFIDENTIALITY AND PERMISSION FORM

I am aware that Carolyn Waddell is a Registered Psychotherapist, and that everything that is discussed in counselling is confidential. I am aware that this confidentiality extends to all issues except those which Carolyn Waddell is required by law to report.

I am aware that Carolyn Waddell works with a team, for my benefit and her own support and accountability. I am also aware that the limited information shared with team members is completely confidential between the people involved.

Therefore, I, _____, give my permission to Carolyn Waddell to discuss information from my sessions with her supervisor and professional support group, and with the health care providers in my circle of care, with the following exceptions:

_____.

I am also aware that all matters of confidentiality and professional ethics will be respected in this supervisory and information sharing process.

Client's Signature _____ Date _____

Client's Signature _____ Date _____

Counsellor's Signature _____ Date _____