



Confidentiality

Embodied Healing abides by the strict rules and ethical regulations set in place by the Code of Ethics for the Canadian Counselling and Psychotherapy Association. I will carefully guard all information you disclose to me, as well as, all aspects of your file will be kept strictly confidential with the exceptions listed below. The following instances are when I am required by the guidelines of counselling, or by the law, to breach confidentiality:

- 1) If there is reason to believe you are in danger of seriously hurting yourself. I will encourage you to contact your emergency contact or someone you trust, however, if you refuse, your emergency contact and/or 911 will have to be notified.
- 2) If there is reason to believe you are in danger of seriously harming someone else, the individual at risk will need to be informed.
- 3) If there is indication of physical, sexual or emotional harm to a child, the law requires that the Children's Aid Society (CAS) be notified immediately.
- 4) If your file gets subpoenaed by court. I will try my best to protect your information, and limit the amount of the file that gets submitted.
- 5) If you disclose that you or someone else is being sexually abused and/or harassed by a health professional, a report must be made to the appropriate college.

If at any point you would like information in your file to be disclosed to a third party (doctor, lawyer, parent, assertive continuing care counsellor), you may do so by providing written permission to release your information.

Protecting your Personal Information

I will be keeping brief notes in a file for each of our sessions, for the benefit of tracking your counselling progress. All information is strictly confidential and files are kept in a secure location that only I can access. At any time throughout our therapy, or after, you wish to view your file content or request a copy, you may do so, and can request to see this in writing. Please note that I am required by law to keep your file on record for up to 10 years after the termination of counselling services.

I, _____ have read and agree to the terms of confidentiality and privacy.

(Signature of Client)

(Date)

(Signature of Counsellor)

(Date)