

PRIVATE & CONFIDENTIAL

CONSENT FOR PSYCHOTHERAPY SESSIONS

Having reviewed the patient hand-out on Psychotherapy, I, _____, agree to participate in a series of Psychotherapy sessions.

I request that my psychiatric records always be kept confidential between patient and therapist:

YES / NO Initials of Patient: _____

I request that my psychiatric records be transferred to another care provider, namely, _____:

YES / NO Initials of Patient: _____

I support the anonymous use of material from these sessions for teaching purposes or publications:

YES / NO Initials of Patient: _____

Dated this ____th day of _____, 2007, in Regina, Saskatchewan.

Signature of GP Psychotherapist

Signature of Psychotherapy Patient