

**Bruce M. Small, M.Ed., Registered Psychotherapist**

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Long Form Consent to Therapeutic ServicesCredential Disclosure

Bruce M. Small has recently completed an Honour's Bachelor of Science in Psychology from York University (2012) and a Master of Education in Counselling and Psychotherapy from the University of Toronto/Ontario Institute for Studies in Education (2014). He has been carrying on a practice in psychotherapy for more than 15 years and has taught peer counselling for approximately 25 years. In August 2015 Bruce was accepted for membership in the College of Registered Psychotherapists of Ontario (CRPO) and is authorized by CRPO to use the title "Registered Psychotherapist".

The Basic Agreement

As a client, you have approached this therapist with certain goals in mind for making changes in your personal mental health and well-being, in your approach and attitude towards your particular life challenges, and/or in your relationships with family or with other individuals, groups or organizations. This therapist is charged by this agreement with assisting you in achieving those goals through those methods of psychotherapy and counselling that he is familiar with, trained in and experienced in. It is also understood by both parties that during the course of this therapy you may alter your goals as a result of this therapy or other reasons, and that ongoing agreement between you and this therapist shall focus on achieving those that are current at the time.

The Nature of Psychotherapy

The act of psychotherapy is defined under the Psychotherapy Act, 2007, Section 4 as a controlled act carried out by members of the College of Registered Psychotherapists of Ontario, as follows:

"In the course of engaging in the practice of psychotherapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning."

The Nature of the Services

Psychotherapy is by its nature a process whereby you and this therapist will engage in a specialized conversation on a regularly scheduled basis (e.g. one hour per week) or on an intermittent basis (e.g. according to your needs, time available and resources), which is designed to assist you in meeting your goals (as discussed above under "basic agreement"). In the process of this specialized conversation you

will reveal aspects of your experience that you consider relevant to your current goals of therapy, and this therapist will provide attention, feedback, questions, support and therapeutic methods chosen to assist you in making desired personal changes.

The relationship is necessarily very personal in that this therapist may learn in some detail about aspects of your life experience, including your thoughts and emotions, that you may only rarely have shared with others. You may in the process feel vulnerable emotionally and may while telling your story experience strong feelings about the matters you disclose. Past experiences that have hitherto remained buried may come back into your consciousness and feelings and issues that arose in the long distant past may also resurface. These effects are in most cases a welcome and necessary part of the therapeutic process, and this therapist is trained to assist you in navigating through these experiences.

Possible benefits of psychotherapy include full or partial achievement of your intended goals, for example, a reduction of anxiety or elevation of mood. Psychotherapy can sometimes also improve an individual's ability to think clearly or handle life's challenges well. Possible risks or drawbacks of psychotherapy can include emotional destabilization, temporary increases in the presenting symptoms (e.g. increased anxiety or depression), unexpected changes in personality or relationships, and decreased ability to handle work or other challenges. There may also be unplanned side effects such as an increase in assertiveness or alertness to perceived injustice, or an increased dependency on therapeutic support prior to making personal decisions.

The alternatives to psychotherapy include treatment of symptoms by a medical practitioner with drugs designed to alter the mood of the client. Other alternative therapies available include body interventions such as exercise, massage, Tai Chi, or other movement therapies, diet intervention with increased food nutrition, or orthomolecular therapy with nutrient supplementation. The possible consequences of not having psychotherapy or any other form of treatment include the worsening of symptoms, progression toward additional mental health issues, and their associated negative effects on general mental and physical well-being and relationships within social networks.

You and this therapist will collaborate in the achievement of your goals, in order to maximize the potential benefits and minimize any potential risks or drawbacks of your therapy. You are encouraged to give feedback as to your reactions and responses to this therapist and to his therapeutic processes. This therapist is obligated to alter his approaches if his current approaches are not yielding benefits to you, and to advise you if he becomes aware that his repertoire of therapeutic approaches is not adequate to assist you further.

### Confidentiality

Therapy is inherently a very personal process requiring the maintenance of the utmost confidentiality. For example, this therapist must keep all client records under lock and key, and must shred and dispose of any hand-written notes, files or recordings that are no longer part of the client record. This therapist also agrees not to disclose your information to others without your express written permission. In addition, this therapist agrees not to tell anyone that you are receiving his services. The following circumstances are exceptions to this strict confidentiality:

1. If this therapist has good reason to believe that you will harm another person, he must attempt to inform that person and warn them of your intentions. He must also contact the police and ask them to

protect your intended victim.

2. If he has good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give him specific information about someone else who is doing this, he must inform Child Protective Services within 72 hours.
3. If he believes that you are in imminent danger of harming yourself, he may legally break confidentiality and call the police or a local crisis team. He is not obligated to do this, and would explore all other options with you before he took this step.
4. If you report specific information about your being abused at the hands of a professional whose profession is regulated by a governing body, this therapist is obligated to report this to the appropriate regulating body.
5. If you are filing a legal complaint or are a defendant or plaintiff in a lawsuit wherein the question of your mental health is brought up, you may have already automatically waived your right to the confidentiality of these records in the context of the complaint or lawsuit. In spite of that, this therapist will not release information without your signed consent or a court order.
6. Notwithstanding, because this therapist may be subject to peer supervision, therapy or continuing education, by law or by choice, this therapist may reveal sufficient details of your case to his supervisor, therapist or teacher, under an agreement of strict confidentiality, to enable this therapist to get help either with the conduct of your therapy or with those of his own issues that are relevant to his therapeutic practice.

#### Therapeutic Method Disclosure

At any time during the course of therapy you may request that this therapist explain in detail the nature and purpose of his approach and of any general or specific therapeutic methods he is attempting to employ with you. You may also request that this therapist discontinue use of a particular general or specific therapeutic approach, and this therapist will comply either by ceasing such use and using alternate methods, or by referring you to another therapist who might be able to carry out your wishes more completely.

In general, this therapist will use documented and accepted general approaches to therapy such as unconditional positive regard, Socratic questioning, and paying careful and unbiased attention to your story and to your feelings about its content.

More specifically, this therapist may apply some or all of the precepts of documented and accepted specific approaches to therapy such as Personal-Centred Therapy by Carl Rogers, Cognitive Behavioural Therapy by Albert Ellis and others, Narrative Therapy by Michael White, Narrative-informed Emotion-focused Therapy by Lynne Angus and Les Greenberg, Script Theory by Eric Berne and Claude Steiner and others like Richard Erskine, as well as aspects of Guided Imagery, Mindfulness, Brief Therapy, Solution-Focused Therapy, Trauma Therapy, Feminist Therapy, Behavioural Therapy, Group Therapy and other such approaches documented in the psychotherapy literature.

Scheduling of Sessions

Subject to the availability of appointment times with the therapist, the client has the right to propose a timing and a frequency of session appointments that will suit his or her individual needs. The therapist shall accept without prejudice any decision by the client to seek extra sessions or to space out more widely or temporarily suspend session appointments for any reason.

Notice of Cancellation

The client shall attempt whenever possible to give at least prior-day notice to the therapist regarding cancellation of a session appointment, and in any event shall give the therapist notice prior to the actual appointment time by phone, email or text. No financial penalty shall be assessed by the therapist for a cancelled appointment. If in the opinion of the therapist the client has developed a habit of cancelling appointments without notice or reasonable cause, it is the therapist's prerogative to raise the issue with the client in person, but without charging for the time to do so. If in the therapist's opinion the issue cannot be resolved, cancellations without notice are grounds for termination and referral. The therapist must also give the client as much notice as possible if he will be unavailable to meet.

Termination

You have the right to terminate all contact with this therapist at any time, with or without notice, for any reason. This therapist has the obligation to terminate the therapy process with you if he determines that his methods and experience are inadequate to assist you. This therapist also has the obligation to advise you when he thinks that further therapy would either not benefit you, or would in fact dis-benefit you, and he has the right to terminate the therapy in such a circumstance even if you request continuation. This therapist has the obligation to provide a referral to other practitioners in the event you wish to pursue more psychotherapy.

Acknowledgement of the Therapist

I, Bruce M. Small, acknowledge the above provisions of this agreement and agree to abide by it. I confirm that I am competent to make the decision to participate in this client's therapy, that I am voluntarily entering this agreement, and that I fully understand the nature of this commitment and the content of this agreement. I affirm that I am sufficiently trained and experienced to act within this agreement in the role of a mental health professional.

\_\_\_\_\_  
Bruce M. Small's Signature

Date: \_\_\_\_\_

Acknowledgement of the Client

I, \_\_\_\_\_, acknowledge the above provisions of this agreement and agree to participate in the therapeutic process described herein. I confirm that I am competent to make the decision to participate in this therapist's therapy, that I am voluntarily entering this agreement, and that I fully understand the nature of this commitment and the content of this agreement.

\_\_\_\_\_  
Client's Signature

Date: \_\_\_\_\_