

Dr. Jeff Morley  
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### **Consent for Psychological Services**

**Name:**

**Date of Birth:**

**Address:**

**Phone:** (home)

(work)

(cell)

**E-Mail:**

**Home Phone:**

**Office:**

**Cell:**

**My preferred form of contact is:**

This document contains important information about the psychological services I provide, and my business policies. Please read it carefully, and ask any questions you may have.

#### **Benefits of Therapy:**

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

#### **Risks of Therapy:**

While there are potential benefits to therapy, there is no guarantee of success, and there are potential risks. During therapy difficult emotions or memories may be stimulated which can evoke strong feelings such as sadness, guilt, anger, frustration, loneliness and helplessness. Changes in awareness may alter self-perceptions, and ways of relating to others. The

therapeutic change process can be quite varied and unique to individuals. It is important that you mention any concerns to me as soon as possible, and at any point in the process.

**Confidentiality:**

All communications with me, and all records relating to the services I provide you, are confidential and may not be disclosed without your written consent unless: you present an imminent danger to yourself or others, a child or vulnerable adult is in need of protection, or a Court orders the disclosure of my records.

**Appointments and Fees:**

Therapy sessions are typically 50 minutes long. My fee for each session is \$200.00. Fees are to be paid in full at the beginning of each session, unless otherwise agreed on. A receipt will be issued each session.

If you cannot make a scheduled appointment I require at least 24 hours notice to cancel your appointment, otherwise the standard fee will be charged for the appointment.

**Consent:**

By signing below you acknowledge you have read and understood this document, and asked any questions you have, or discussed any concerns, arising from it.

**Signed:**

**Dated:**