Naira Velumyan, PhD

Registered Psychotherapist

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Informed Consent Form

The following information is to assist you in understanding and to define the rights and responsibilities in the psychotherapeutic relationship. Please read this document carefully and let me know if you have any questions.

Professional Qualifications

I, Naira Velumyan, PhD in Psychology, have completed several diplomas in individual, family and group counselling and psychotherapy. I am registered with The College of Registered Psychotherapists of Ontario and my registration number is 005151. The contact information is:

College of Registered Psychotherapists of Ontario (CRPO)

375 University Avenue, Suite 803, Toronto, ON M5G 2J5

Telephone: (416) 479-4330, email: info@crpo.ca

Benefits and Risks

Addressing your concerns may involve the use of many different methods, each of which will be discussed with you. However, the effectiveness of our work together will largely depend on a dialogue and your readiness to assume responsibility for an expected result. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Sometimes therapy may be accompanied by uncomfortable feelings while changes are happening in your life. However, the results of therapy cannot be guaranteed. Some people find that participating in psychotherapy results in positive changes that were not expected or intended at the outset.

Methods used in psychotherapy include dialogue, free association, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal writing, drawing and reading books.

Sessions

The initial session with a client is free of charge and generally speaking without structure. Its purpose is to identify the problem, discuss a therapeutic framework and make a decision about future collaboration. My fees for the second and subsequent sessions are \$150 per one hour session. I also charge \$150/hour for any other professional services you may need, pro-rated in 15-minute increments. You may pay by credit card, cash or online via PayPal. The schedule, frequency and duration of the sessions is discussed individually and can be changed according to the therapeutic processes and/or client's needs.

Based on your needs, you may also choose one of the following packages:

- a block of 5 sessions with 10% discount
- a block of 10 sessions with 15% discount
- a block of 15 sessions with 20% discount

Confidentiality

In general, the privacy of all communications between a client and a psychotherapist is protected. You have the absolute right to confidentiality in your therapy. But there are times when confidentiality may be broken:

- 1. With your written permission I can release information about our work to others who you may deem relevant knowing that this permission may be canceled at any time in writing.
- 2. The law requires that I report suspicious incidents of child abuse, elder abuse and dependent/disabled adult abuse without your consent. I will also take protective steps that respond to any serious threats of harm to yourself or to other people that may pose imminent danger to life. Confidentiality may also be limited in situations where a court has subpoenaed your records.

Communication

I may be contacted at (647) 460-3430, knowing that every effort is made to return your call on the same day. I will inform you in advance of my anticipated lengthy absences. If you are unable to reach me and have an imminent emergency, you need to call a crisis line in your area, go to the nearest emergency room or call 911.

If you wish to contact me for basic communication purposes or to schedule appointments you can send me an email at <u>naira.velumyan@gmail.com</u>. If you choose to email me, please note that it is not a secure way of communication and the privacy cannot be guaranteed.

Complaints

You have the right to refuse anything I might suggest throughout the therapy process and to seek a second opinion. Please, discuss with me any concerns you have about our work together. Given the nature of psychotherapy, strong and sometimes conflicted feelings are bound to emerge and it is encouraged that you share them with me. Good communication is the foundation of any successful treatment.

Your signature below indicates that you have read the information in this document and agree to its terms.

Client Name		
Client Signature		
Date	 	