



so-covers = so-discovers = so-creates

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Client Confidentiality Policy Form

I agree to participate in expressive art therapy sessions provided by Sandra Hewitt-Parsons, DKATI, EXAT, ND, which may include (but not limited to) artmaking, music/sounds, movement/dance, creative writing and therapist/client discussion.

Sandra is a professional member of the Canadian Art Therapy Association as well as the Canadian Counselling and Psychotherapy Association. As such, she practices under their respective codes of ethics and standards of practice.

I, the participant in expressive art therapy sessions, understand that whatever we discuss in the session (whether online, by phone or in person) is confidential unless:

- **There is a serious threat of bodily harm to myself or to others**
- **There is an indication of child / elder abuse**
- **The information is subpoenaed for court purposes**

The therapist will not discuss detailed content of specific sessions or share my identity with other people. If it becomes necessary to share this kind of information about me with another professional or with the courts, the therapist will ask me to sign a time sensitive confidentiality waiver, specifically for the information requested.

In a one-on-one setting, I have the right to choose if and when to discuss any aspect of these sessions with others. I understand that I cannot hold the therapist responsible for any responses I may receive because of my decision to share outside the session. I cannot invite outside individuals to the sessions without the therapist's knowledge or consent. The outside individual must sign a confidentiality form and / or agree to certain conditions before the session can go ahead.

In a group, I understand that I cannot talk about issues that came up in the group when in public. I will not share names or other identifying information with anyone outside the session.

I understand that it is my responsibility to select a physical space which is private for these sessions to take place. I will tell the therapist if I feel that this place is not secure for a session, for any reason.

I understand that the online platform (Zoom) meets national standards for encryption and security (PIPEDA and HIPAA compliant). As an online client, I understand that it is my responsibility to ensure my computer's protection is up to date.

I release Safe Harbour Expressive Therapies from all liability regarding the security of my home computer or internet connection.

Signed : _____

On behalf of: _____

Therapist: _____

Date: _____