



Dr. U. Koechling Psychology Corporation

Cell: 250-213-2331 Fax: 250-744-0200 Phone: 250-744-0008



Consent to Treatment

Client Name: _____

Client Address: _____

Benefits of Therapy

Therapy can help a person gain new understanding about their problems and to learn new ways of coping and solving those problems, such as anxiety, anger, depression and parenting or relationship concerns.

Therapy can help a person to develop new skills and change behavior patterns. Therapy can contribute to improve ability to cope with stress and difficult situations, and can increase understanding of self and others.

Nature of Psychological Services that are to be provided: _____

Risks of Therapy

I acknowledge that Dr. Ulrike M. Koechling, R. Psych. has advised me that while there are potential benefits to therapy, there is no guarantee of success and that there are potential risks. I have been advised that during therapy, emotions and memories may be stimulated which can evoke strong feelings and that changes in awareness may alter my self-perceptions and ways of relating to others. I have been advised that the process of personal change can be quite varied and individual.

Known Associated Risks of the Particular Psychological Services offered: _____

website: www.drukoechling.com
5471 Old West Saanich Rd. Victoria, BC V9E 2A7
email: drukoechling@gmail.com

I understand that it is important that I mention promptly any concerns or questions to Dr. Ulrike M. Koechling, R. Psych. that I may have at any time during the process of therapy.

Consent

In knowledge and appreciation of the benefits and risks as made known to me by Dr. Ulrike M. Koechling, R. Psych. and as reflected in this form, I hereby give my consent to participate in therapy for the purpose of addressing _____

I further acknowledge that Dr. Ulrike M. Koechling, R. Psych must obtain my informed consent before changing or altering the nature of the treatment of psychological services provided to me.

Acknowledgement

I _____ acknowledge that I have had the opportunity to carefully read this document and to ask, and have answered, any questions or concerns I have about it or arising from it. I further acknowledge that I have read and understood the information contained in this document, that it records my consent and I have this _____ day of _____, 20_____, been provided with a copy of it.

Client Signature

Private and Confidential