



Informed Consent Form

The Breathing Space Therapy

Maria Ahmed, Registered Psychotherapist (Qualifying)

Email: info@thebreathingspace.com

Website: www.thebreathingspacetherapy.com

Phone: 647-338-0655

We honour your faith and cultural values as integral to your healing process. The following information outlines your rights, the nature of therapy, and consent for treatment. Please read carefully and ask any questions before signing.

Session Details

- Duration: 50 minutes per session
- Fee: \$180 per session
- Cancellation Policy: 48 hours' notice required (24 hours may be accepted at therapist's discretion)
- Late Cancellation/No-Show Fee: Full session fee applies.

Confidentiality and Limits

Your information is confidential and will not be disclosed without your consent, except where required by law (e.g., risk of harm, child protection, court orders). As a Registered Psychotherapist (Qualifying), my work is supervised by a CRPO-approved clinical supervisor, and information may be discussed anonymously for professional consultation purposes only.

Digital Communication and Security

We make every effort to protect your personal health information using secure, encrypted electronic systems. However, no electronic communication can be guaranteed to be entirely

secure. By engaging in therapy, you acknowledge and accept the potential risks of digital communication.

Therapy Modalities

Our approach integrates DBT, EFT, IFS, Somatic Therapy, and faith-based integration upon request. Therapy is a collaborative process and consent can be withdrawn at any time.

Screening and Safety

Please respond to the following (Yes/No):

1. Do you have any current or past mental health diagnoses?
2. If yes, do you consent to share relevant reports?
3. Have you been hospitalized for mental health concerns in the past two weeks?
4. Are you currently experiencing thoughts of suicide or self-harm?
5. If yes, do you have a safety plan?
6. If no, please download and complete the Safety Plan Template from www.thebreathingspacetherapy.com and upload it to your file.
7. Do you have any legal matters or outstanding charges/court dates relevant to your care?

Consent Statement

I have reviewed the information provided and understand the nature of therapy, associated risks and benefits, confidentiality limits, and my rights as a client. I consent to participate in psychotherapy services with The Breathing Space Therapy.

Client Name:	_____
Signature:	_____
Date:	_____
Therapist Signature:	_____