

# Sheryl A. Tanco, Ph.D.

Registered Psychologist

Dear Client,

The therapy relationship is a unique kind of connection; its primary purpose being to facilitate your healing and growth. Our relationship has certain boundaries that define our connection and responsibilities in the work we do together.

I, as the therapist, strive to do four main things in our work together:

- ❖ Be fully present with you and provide a safe and caring place for you to explore and integrate aspects of your life and self.
- ❖ Be a sounding board for your own wisdom, respectful of the fact that you are the expert on your truth.
- ❖ Offer a different perspective on your experience with the knowledge, skills and experience afforded me by my training and expertise.
- ❖ Provide a model of the kinds of behaviours that facilitate self-care and healing.

You, as the client, contribute your own special and personal knowledge of you. You bring a commitment to work on the goals that you decide are important to you. At no point in our work will you be forced to do anything you don't want to do. You have the right to withdraw from therapy at any time. In addition, the following boundaries structure our work together:

- ❖ Sessions last 50 minutes, starting at the scheduled time of the appointment.
- ❖ The fee per 50 minute session is \$225.00. A minimum of one month's notice will be provided if there is to be an increase in fees.
- ❖ Payment is provided at the beginning of each session.
- ❖ A minimum of 48 hours notice of cancellation of an appointment is required. If you give less than 48 hours notice, you will be responsible for the full session fee.
- ❖ My telephone number (with voice mail) is always available to you, so that you may contact me, make, change, or cancel appointments. Cancellations must be made via voice mail. Although I endeavour to return all calls within 24 hours of receiving them, please be aware that I may not immediately receive your message as I am only in the office part-time. I do however retrieve my messages throughout the week.
- ❖ Our sessions are confidential. I will not disclose information concerning you to anyone outside the session unless you consent to such disclosure, except under the following circumstances: a) if there is clear threat of harm to yourself or others; b) if there is indication that a child is at risk of abuse; c) if ordered by the courts. For the purpose of professional consultation in order to enhance our work together, I may, at some point, discuss our work with a colleague(s); however, no identifying information (e.g. your name) would be disclosed.

I, \_\_\_\_\_, have read and understand the above information and have received a copy of this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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