



**Counselling Therapy, Life Therapy, Generational
Healing & Shamanic Services**

CONFIDENTIALITY AGREEMENT

I, _____, understand that anything I discuss in the Therapy, Generational Healing, Shamanic and/or coaching sessions with Angela Croft is strictly confidential.

I also understand that I must give express written or verbal permission to Angela Croft to share any aspect of our work together that would identify me specifically and breach confidentiality.

The only exceptions to confidentiality are in such cases where the issue of potential harm to myself and/or others is disclosed. I acknowledge that in such cases my own safety and/or the safety of others takes priority if the appropriate authorities need to be notified without my consent.

By signing below I acknowledge that the limits of confidentiality have been explained in full to me, that any questions I have pertaining to the limits of confidentiality have been addressed, and that I am free at any time to request further clarification.

Date:

Date:

Name:

Clinician: Angela Croft

Signature:

Signature:
