



## **Information For New Clients And Consent For Treatment**

- **Counselling Sessions:** Sessions last 50 minutes. Counselling fees are \$127, including taxes per session. There may be additional charges for any reports, letters or extensive consultations, if requested by you. Payment is due at the end of each session.
- **Insurance Coverage:** Many insurance plans cover Registered Psychotherapists. It is the responsibility of the client to see if they have extended insurance coverage for the fees above, and to clarify what the requirements of their insurance plan are. Please consult your insurance provider.
- **Cancellations:** If you have to cancel a session, please do so 24 business hours (1 working day) in advance. A full session fee applies if you cancel too late. Medical emergencies are exempt.
- **Emergencies:** The clinic is available to receive your phone calls during business hours and all efforts are made to return your calls within 24 business hours. However, please be advised that we are not an emergency service and if you are in crisis, please reach out to your local Emergency Room or call your regional crisis hotline.
- **Privacy:** The client agrees to have information regarding receipts, scheduling and therapy exercises transmitted via text and e-mail, and is aware of the risks of doing so. We keep all private information transmitted by email to a minimum due to security concerns. If you wish to communicate personal information to your psychotherapist, please do so in session or during a phone consultation.
- **Diagnoses:** At Blue Oaks Counselling, we do not provide mental health or medical diagnoses. Please seek a medical doctor, psychologist, or psychiatrist for such services.
- **Confidentiality:** All information shared with your therapist is confidential and subject to rules regarding confidentiality between therapist and client. A therapist reserves the right to discuss a client's case with his/her supervisor or trusted advisor. However, every attempt will be made to maintain your confidentiality (typically by using first names only). Apart from this, no information will be shared with anyone outside Blue Oaks Counselling, without your expressed, written and signed consent.
- **Exceptions to confidentiality:** By law, your therapist may be required to release information to other appropriate sources in four specific situations:
  - a) There is reasonable belief that you will harm yourself
  - b) There is reasonable belief that you will do harm to others
  - c) There is reasonable evidence of neglect, physical and/or sexual abuse to a minor, elder, or vulnerable person
  - d) Where there is any other legal exception to confidentiality
- **Recordings:** We do not permit recording of therapy sessions or phone conversations.
- **Privacy Policy:** Blue Oaks Counselling and Wellness complies fully with all PHIPPA regulations. If you have any further questions regarding our privacy policy, accessing clinical records, complaint processes or any other policies, you can find more information on our website. You can also ask our clinic assistant or talk to your therapist.

- **Clinical Records:** We retain your file for a minimum of 10 years, after 18 years of age, from end of treatment.
- **Risks:** There are some risks associated with counselling. Any form of therapy can temporarily and initially cause some discomfort, or bring up some painful emotions. If this occurs, please let your therapist know. Your therapist will support you and give you tools to work through these emotions.
- **Discontinuation of Counselling:** If you wish to discontinue your counselling sessions, please speak to your therapist so that they are aware of your intentions. If you have not scheduled an appointment or been in contact with your therapist for a period of sixty days, your file will be considered closed. It can be reopened when you wish to resume treatment.

Please check this box, if you would like to receive emails about any workshops or programs we might offer

By signing this Consent for Treatment, I am indicating that I understand and agree with the above conditions of treatment, and my therapist has answer any questions I have about items listed in this consent form or about the counselling process.

Date: \_\_\_\_\_ Therapist name & credentials: \_\_\_\_\_ Therapist signature: \_\_\_\_\_

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

**Credit Card Authorization:**

CARDHOLDER NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_ \_\_ / \_\_ \_\_ CVV: \_\_ \_\_ \_\_ Type of Credit card: \_\_ Mastercard. \_\_ Visa

This is to authorize Blue Oaks Counselling and Wellness to charge the agreed amount listed below to the credit card provided herein. I agree that I will pay for the cost of services in accordance with the issuing bank cardholder agreement for:

- Therapy/Assessment Sessions \$ 127/hr
- Late Cancellations/Missed Appointments (In accordance with cancelation policy outlined in consent to treatment) \$127