



Information For New Clients And Consent For Treatment

- **Counselling Sessions:** Sessions last 50 minutes. Counselling fees are \$135, 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.
- **Personal Health Information:** As custodians of your personal health information Blue Oaks Counselling and Wellness complies fully with all PHIPA regulations. (www.ontario.ca/laws/statute/04p03) As agents of health information, our Therapists are responsible for recording notes related to each therapy session in compliance with the practitioner's regulatory college. Blue Oaks retains those records for ten years from your last appointment as per PHIPA guidelines.

Access to your personal health information is available to you upon written request in accordance with PHIPA and in guidance from the regulatory college where indicated. Please talk to your therapist or contact our office if you require further clarification on our policies.

- **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 answered 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 \$ 135/hr
- Late Cancellations/Missed Appointments (In accordance with cancelation policy outlined in consent to treatment) \$135

Do you have any of the following concerns?

Describe:

Medical Yes No _____

Financial Yes No _____

Legal Yes No _____

Are you presently off work for medical or mental health reasons? Yes No

Please explain briefly _____

During the last 12 months how often and how much did you use:						
	Never	Less than once per month	1 to 3 times per month	1 to 2 times per week	3-8 times per week	8 or more
Alcohol						
Cannabis						
Cocaine						
Other drugs (Specify)						
Prescription medications (Specify)						
Tobacco						

Are you concerned about your alcohol or drug use? Yes No

Are others concerned about your alcohol or drug use? Yes No

Have you experienced negative consequences as a result of your use? Yes No

If yes, describe:

MDI- 10

During the past two weeks, how much of the time	All the time	Most of the time	Slightly more than half the time	Slightly less than half the time	Some of the time	At no time
1. Have you felt low in spirits or sad?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Have you lost interest in your daily activities?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Have you felt lacking in energy and strength?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Have you felt less self-confident?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Have you had a bad conscience or feelings of guilt?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
6. Have you felt that life wasn't worth living?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
7. Have you had difficulty in concentrating, e.g. when reading the newspaper or watching television?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
8a. Have you felt very restless?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
8b. Have you felt subdued or slowed down?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
9. Have you had trouble sleeping at night?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
10a. Have you suffered from reduced appetite?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
10b. Have you suffered from increased appetite?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>