



Blue Oaks Counselling & Wellness

82 Hume Street, Collingwood, ON

T: 705-444-0381

Introduction to *Mindful Eating* Participant Intake Form

Name: _____ Date: _____

Email: _____ Phone: _____

Date of Birth: _____ Age: _____

Address: _____

Physician's Name/Clinic Address: _____

Health Insurance Provider (If Applicable): _____

How did you hear about us? _____

1) Medical History: Circle all that apply

Diabetes

Obesity

High Blood Pressure

Depression

High Cholesterol Sleep Apnea

Anxiety

Heart Disease Stroke

2) Eating Behaviours: Circle all that apply

Emotional Eating

Meal Skipping

Overeating

Information For New Clients And Consent For Treatment

- **Insurance Coverage:** Many insurance plans cover Registered Psychotherapists and Registered Dietitian. It is the responsibility of the client to see if they have extended insurance coverage for program fees, and to clarify what the requirements of their insurance plan are. Please consult your insurance provider.
- **Cancellations/Missed Program Session/Refunds:** If you have to cancel a group session, please do so 24 business hours (1 working day) in advance. Please note that no refund will be issued on payment once group programming commences and no refund will be issued for a missed program session(s).
- **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 group program 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/dietitian, 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/dietitian is confidential and subject to rules regarding confidentiality between health

professional and client. A therapist/dietitian 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 or dietitian 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 or group 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 group counselling. Any form of therapy can temporarily and initially cause some discomfort, or bring up some painful emotions. If this occurs, please let program facilitators know. Your facilitators will support you and give you tools to work through these emotions.
- **Discontinuation of Group Programming:** If you wish to discontinue your group sessions, please speak to your group facilitators so that they are aware of your intentions. If you have not scheduled an appointment or been in contact with staff at Blue Oaks for a period of sixty days, your file will be considered closed. It can be reopened when you wish to resume treatment or programming.
- **Payment Agreement:** Introduction to Mindful Eating is a 6-week program. The cost per session is \$62 (plus HST) however; participants must commit to the

entire 6-week program and may not purchase individual session modules.

The total cost of the program is \$420 (taxes included). Participants must agree to pay for the total cost of the program. Payment preference must be specified by the participant prior to commencement of program. Blue Oaks accepts payment via credit card, debit, cash, or cheque.

- By signing this Consent for Treatment, I am indicating that I understand and agree with the above conditions of treatment, and program therapist and/or dietician has answered any questions I have about items listed in this consent form or about the group programming process.

• Client Signature: _____ Date: _____

• Therapist name & credentials: _____

Therapist signature: _____ Date: _____

• Dietitian name & credentials: _____

Dietitian signature: _____ Date: _____

Payment Authorization:

This is to authorize Blue Oaks Counselling and Wellness to charge the agreed amount listed below. I agree that I will pay for the cost of services in accordance with the issuing bank cardholder agreement. Please indicate your payment preference (please circle):

- ✓ Payment in FULL (total cost of program \$420)
- ✓ Payment in WEEKLY increments (\$62 plus HST per 6 sessions)

CARDHOLDER NAME: _____

CARD NUMBER: _____

EXPIRY DATE: __ __ / __ __ CVV: __ __ __

Type of Credit card: __ Mastercard. __ Visa

