

# Successful Families Inc.

Assessments, Consultation, Counselling, Mediation

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## COUNSELLING CONSENT FORM

### CONSENT FOR TREATMENT

Sessions with your therapist and the information discussed in them are confidential. That is, the contents of a session, or even whether or not you attend, will not be revealed to outside sources unless you have given written permission to do so, or as required by law. Instances in which confidential information may be disclosed are as follows:

1. If you are in danger or appear to be in imminent danger of doing serious harm to yourself or another person, or the therapist, we are legally mandated to intervene (e.g., to call a member of your family, the police and/or the potential victim).
2. If your therapist has a reasonable suspicion based on your report that you or anyone else may be or have been a victim of physical, sexual and/or emotional abused by anyone, the appropriate children's aid society will be informed.
3. If there is a court order or summons presented to your therapist for their court attendance and/or for a production of your records.
4. If you reveal that you have been abused by another helping service professional (e.g., physician, psychologist, nurse, chiropractor, dentist, etc.), your therapist is required to report the information to that professional's regulating body (e.g., College of Physicians and Surgeons, etc.)

As part of ongoing consultation, training and education, your therapist may discuss the particulars of your situation with other professionals while at all times leaving out any information that would allow the other person to know your identify.

### WHAT TO DO IN AN EMOTIONAL CRISIS

Sometimes clients experience an emotional crisis that requires immediate attention. You may call the office first, if it is within office hours, to see if your therapist can answer your call or if an emergency appointment can be arranged. You should be aware that your therapist is not always in the office and may not be immediately available. We will return your call as soon as possible and usually within 24 hours. If you feel you cannot wait, or if it is outside office hours, you should contact your family physician or go to the Emergency Department of your nearest hospital.

### CONSENT FOR THE COST OF SERVICES

The therapy hour involves *fifty* minutes of direct contact, with the remaining ten minutes being used for consolidating notes and treatment planning at the end of session. There is usually no charge for: (i) treatment planning outside the session; (ii) brief telephone contacts (5 min. or less)

with you, family members where appropriate, and other professionals; and (iii) other brief and incidental involvements of my time. However, where tasks and consultation require more time, fees may be charged. Administrative fees will be charged for requests for file notes (for time and duplication costs), reviewing files/notes and writing reports. All billing outside the direct contact time will be discussed prior to it occurring.

Payment for therapy is normally expected at each session (cheque or cash). In this way, the account remains manageable and therapy becomes a naturally budgeted expense. Receipts will be given when payment is received. Please retain these receipts for your insurance or income tax claims, if applicable.

Cancellation Policy. Payment is expected for any missed session, unless the appointment is cancelled at least 24 business day hours (for day appointment) and 48 business day hours (for appointments starting before 9 a.m. or after 4 pm) in advance. If you arrive late for an appointment, you will be charged the full session fee. If another client is not waiting and your therapist is able to take the time, the hour may be extended so that you receive the full 50 minutes. Clients will be charged a \$15.00 penalty fee for NSF cheques.

If payment becomes a concern, please discuss it with Successful Families, to avoid service charges for late payment or more active efforts to secure overdue statements.

## CONSENT FOR PERSONAL INFORMATION

In addition to indicating your informed consent to participate and to receive services, or for your child to participate and to receive services, your signature below indicates you have understood that in providing counselling services, your therapist will collect some personal information about you (e.g., reasons for seeking services, address, phone number, family information, etc.).

Your signature indicates you have reviewed this consent about the collection, use and disclosure of personal information, and steps taken to protect the information and your right to review your personal information. You understand that there are some rare exceptions to these commitments.

You agree to Successful Families collecting, using and disclosing personal information about you as set out above in this consent form.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**\*\*\*\*\*If you are consenting to services for your child, please fill out the NEXT section\*\*\*\*\***

NAME OF CHILD: \_\_\_\_\_

CUSTODIAL DECISION MAKERS NAME: \_\_\_\_\_

RELATIONSHIP TO THE CHILD: \_\_\_\_\_

SIGNATURE OF CUSTODIAL DECISION MAKER: \_\_\_\_\_

DATE: \_\_\_\_\_