



Client Consent to Services

This form is to document that I/we _____ give permission and consent to Abma Counselling Services to provide counselling treatment to me/us and/or my child (print child's name here: _____).

Office Hours

Office hours are normally Monday through Friday, although your therapist may also be able to arrange Saturday appointments by request. Each appointment usually lasts 50 minutes; however longer sessions may be arranged by request. The number of sessions will vary according to need.

Confidentiality

Confidentiality is respected at all times. No information will be communicated, directly or indirectly, to a third party without your informed and written consent. Exceptions to confidentiality include the legal and/or ethical obligations to:

- Inform a potential victim of violence of a client's intention to harm
- Inform an appropriate family member, health care professional, or police if necessary of a client's intention to end his or her life
- Release a client's file if there is a court order to do so
- Inform the Children's Aid Society if there is suspicion of a child being at risk or in need of protection due to neglect, or physical, sexual, or emotional abuse
- Report a health professional who has sexually abused a client

Privacy of Personal Information

I understand that in order for Abma Counselling Services to provide me with counselling services, some personal information will be collected (e.g., name, address, telephone number, health and family history) in order to help assess what my needs are. This information will then be used to advise me of my treatment options and to help me receive the treatment I choose.

I understand that in the course of business, office staff may need to access some of my personal information (e.g., address for billing purposes, extended insurance information) and that this access is limited. I understand that I have the right to review and the right to a copy of my personal information, barring a few rare exceptions. I understand that my clinical file will be kept both electronically, on a secure site, and in hard copy.

Insurance Coverage

Some insurance plans cover "Psychotherapy" or "Social Work" while others cover "Psychological Services". As Masters-level therapists, we are licensed in Ontario to provide "Psychotherapy" or "Social Work", depending on the designation of the therapist (**RP** (Registered Psychotherapist or **RSW** (Registered Social Worker)). However, in some cases we can also provide "Psychological Services" under supervision of an offsite Clinical Registered Psychologist if your benefit provider only covers "Psychological Services". Additional fees apply for the provision of Psychological

Services. Various plans differ, so please check with yours regarding coverage and claim procedures (e.g., whether or not a letter or referral from your physician is required, which type of service is covered, etc.).

If required by your insurer, referrals need only state: "I refer _____ for counselling services."

Payment for services

Payment for services is due at the end of each session and a receipt will be given when payment is received. Please retain this receipt for your insurance or income tax claims, if applicable. Fees vary according to the time and nature of the service involved. All fees charged follow the guidelines set by the Canadian Counselling and Psychotherapy Association (CCPA) or the Ontario Association for Social Service Workers (OASSW) for counselling. Generally clients pay for their sessions at the end of each visit. In this way, the account remains manageable and counselling becomes a naturally budgeted expense. Your fee will be discussed with you during the intake interview and may be paid by cash, cheque or interact e-transfer. In some cases credit card payments will also be acceptable.

Cancelled and Missed Appointments

Please provide your therapist with 48 hours notice if you are unable to meet at the scheduled time. This way, your therapist can make that time available for another client.

Last minute changes are understandable and there is no cancellation fee for the first cancelled or missed appointment. However, the normal session fee will be applied for subsequent appointments cancelled less than 48 hours in advance.

In Case of an Emergency

Emergency services are not available. In the case of an emergency, dial 911, contact your Family Practitioner, or go to the Emergency Department of your local hospital.

Informed Consent

I have read and understood the information presented in this document, and hereby consent to counselling treatment.

I understand how the Privacy Policy at Abma Counselling Services applies to me and have been given a chance to ask any questions I have about the privacy policies and practices and they have been answered to my satisfaction.

Signature of Client 1 _____ Date _____

Signature of Client 2 _____ Date _____

Signature of Client 3 _____ Date _____

Signature of Client 4 _____ Date _____

Note: The consent form needs to be signed by all clients competent to consent to counselling services.