

**Julie Clarke Counselling and Psychotherapy
Service Agreement and Informed Consent Information**

CONFIDENTIAL

Please read carefully...we will review together before our first session.

**Julie Clarke, BCYC, MACP, RP
Child & Youth Care Practitioner (CYC-P)
Registered Psychotherapist (RP)**

613-229-3090

- 65 Mill Street, #201, Almonte, ON K0A 1A0
- Liffey Road Farm, Braeside, ON K0A 1G0

In order to assist in the explanation of the services to be provided, it is important to first have your fully **informed** consent. This includes an understanding of the type of services to be provided to you, the costs involved and what is done with the personal information obtained about you. If you have questions about this or any part of this document, please ask *Julie Clarke* for clarification. Please note this form is intended for adults and youth so some areas may/may not be applicable to you.

CLIENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____

For Minors: Legal Guardian(s) (circle): Married Parents Mother Father Joint Custody* CAS
Other (specify) _____

*Duration of Custody Arrangement (if applicable): _____

*Frequency of Contact with Non-Custodial Parent(s): _____

Client's home address: _____

Phone No.(s): _____

If a minor, resides with: _____

Parent / Guardian / Information (for minors :

Mother _____
(first and last name)

Father _____
(first and last name)

Phone: _____

Phone: _____

Email: _____

Email: _____

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NOTE:

- An individual 11 years old and under is required to obtain signed consent from a parent(s)/guardian(s) to access services.

NOTE: In the case of a custody arrangement, information and consent from both parents or in the case of Crown Wards, consent must be given by the applicable Children's Aid Society for counselling services to begin.

Emergency contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Address: _____

HEALTH HISTORY

Summarize your (or your child's) present mental and physical health and wellness. Please ensure you include any mental health or physical health diagnosis i.e. ADHD/Heart condition

Is there a specific issue that has brought you (or your child) in for counselling/psychotherapy or a topic to specifically address in our sessions together?

Are you (or your child) currently taking any prescribed medications? Yes No
If yes, please describe who prescribed the medication, the name of the medication (and dose) and when prescribed.

PAYMENT POLICIES AND FEES

- Individual counselling and psychotherapy fees in Almonte are \$120 per 50 min session;
- Individual counselling and psychotherapy fees in Braeside are \$150 per 50 minute session (equine therapy);
- Payment is due at the time service is provided in office
- Payment is due *prior* to the session for e-counselling (i.e. skype), equine therapy and if paying via e-transfer*
- Payment can be accepted as follows: cash, cheque or e-transfer*
 - *E-transfer payments can be sent to julie@independentcyc.com, password: yourfirstname2016
- NSF cheques are subject to a \$25 service fee plus any applicable bank charges

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Counselling and Psychotherapy fees are not covered by OHIP but may be completely or partially covered by extended health care plans; this is the responsibility of the client to verify. In some cases individual's extended health care plans may have a yearly maximum; client is responsible for payment of therapy services should their third party coverage stop reimbursing you for session fees. Psychotherapy receipts can be used as a medical expense on your income tax. Please be sure to advise Julie what your intention is around submitting a receipt for reimbursement as this does matter. Also please advise if at any point during our time together if your way of submitting receipts changes. _____
(for office use only)

Julie has limited time available in her day to take or return phone calls in her practice. However, in some cases brief (5-10 minutes) telephone calls are warranted. There will be no processing of therapy related issues for yourself (or your child) discussed via telephone or email. In cases where a longer phone call is necessary it is recommended a session be booked. In-person sessions allow for the strictest of confidentiality and appropriate processing of the therapy related issue.

Session fees are reviewed periodically and may increase. A minimum of thirty (30) days' notice will be provided.

SCHEDULING & CANCELLATION POLICY

After an initial session we will assess if the therapeutic relationship is a good fit. Should you decide to continue, it is recommended that you considered weekly or bi-weekly sessions usually to be scheduled at the same day/time each week (biweek) for consistency. This consistency will assist in overall therapy treatment. When taking a new client Julie will often schedule a session at the first available; it does, however, take time to have consistent day/time slots to open up. Please allow some flexibility in your schedule to allow for this. There is no minimum/maximum duration of therapy sessions.

By agreeing to commit to regular therapy sessions you are investing in making real change in your life. You can always cancel your appointment at any time; however, *a minimum of 24 hours notice is required in order to cancel an appointment without charge*. Please note emergency and unforeseen circumstances below so as to not incur a late cancellation charge.

*Please do not email your late cancellation, always call 613-229-3090 and leave a message.

Emergency and unforeseen circumstances are...

...situations requiring urgent professional treatment; death in the family or natural disaster.
Please note, inclement weather is not considered an emergency or unforeseen circumstance;
please plan accordingly (especially in the winter months).

This scheduling and cancellation policy is very important for a number of reasons:

- ❖ booking a therapy session is the therapist committing, agreeing and being available for you
- ❖ consistent therapy sessions enhance your overall therapy experience
- ❖ therapists typically only see between 4 and 6 clients per day, a missed appointment disrupts the day as the space is then unavailable for another client; a therapist generally cannot 'hold' an appointment time

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Additional session fees apply :

- for sessions that go beyond 60 minutes
- for travelling costs
- phone calls beyond 10 minutes in length or accumulated phone calls (within 30 days); this includes Julie speaking to another health professional on your behalf
- letter writing

An invoice will be sent for unpaid balances.

WHEN DO I KNOW COUNSELLING OR PSYCHOTHERAPY CAN BE TERMINATED?

There are some things a therapist and client (including parents of minors) review on-going in the therapeutic relationship. This includes always working towards client goals and symptom improvement, therapists have an ethical duty to ensure sessions are active and meeting the needs of the client at all times. If sessions do not continue in a productive manner either as stated by client (or parents) or as assessed by the therapist this may be an indication that either the client requires more time to consider therapy as a good option for them or that some space between sessions is required in order to actively utilize new strategies and skills. A therapist is always assessing the therapeutic relationship. As a client (or parent) you have the right to withdraw from therapy at any point.

Some reasons therapy may come to an end could be an overall dissatisfaction with counselling, financial constraints, client's preference to seek another resource or the client's clinical needs go beyond the therapist's scope of practice. A therapist's job is to help you experience a decrease in your presenting symptoms and an overall decrease in functional impairment. A therapist is always seeking to observe stability of symptom decrease (suggested ability to maintain for at least a period of 8 weeks); evidence a client has gained coping skills and strategies and that client has the ability to use these skills in day to day life. A therapist is also seeking to observe a client's sense of mastery and overall pride that has changed, grown or been initiated throughout the therapy experience. It is this criterion that informs the therapist about how long the duration of the therapy relationship is maintained.

AVAILABILITY

Phone messages may be left on *Julie Clarke's* private voice mail at any time. In the event of an emergency or crisis situation please proceed, if necessary, to your nearest hospital emergency room or call 9-1-1. For minors: Kids Help Phone is a 24 hour service, 1-800-668-6868. Please also reach out to supportive adults in your life to help you through what it is you are dealing with. For adults (over 16y): Distress Centre Ottawa & Region (please note numbers to call are dependent upon the region in which you live). Please view their website at: <http://www.dcottawa.on.ca/english/services/247-support/mental-health-crisis-line.html>).

I will return your call as soon as I access the message however **PLEASE NOTE** I am often in session with other clients so not able to access my phone calls regularly. Also of **NOTE**: I am not a crisis mental health service provider.

CONFIDENTIALITY

All information shared and communicated is held in the strictest confidence; **except** in those situations in which disclosure is legally/ethically required or for clinical consultation purposes. These situations include the following:

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- if there is reason to believe, in my professional opinion and/or in consultation with colleagues and/or Clinical Consultant, that a potential risk of *harm to self* exists, or *harm to another person* [including homicide, child/dependent/elder abuse]
- a search warrant or subpoena is issued to obtain client information
- there is a possibility a child is or has been abused/neglected and no previous report has been made to Family and Children's Services/Children's Aid Society
- there is reason to believe that a minor child will engage in dangerous and / or high risk behaviours

I will act discretely should any of these situations arise, and the intent of my actions will always be to serve in your best interest.

When working with children and teenagers, the issue of confidentiality is often complicated and needs to be discussed, understood and agreed-upon. Children/youth must feel a sense of being in some control over what is or isn't discussed with others. **My first responsibility is to honour your child or youth's confidentiality.** Parents, and minor children, should be made aware that the law allows parents to examine their child's records / file unless I believe that doing so would endanger the child, or if we agree otherwise.

CONTACT INFORMATION

Phone calls or emails are accepted means of communication regarding appointments or basic questions; however, e-mail is not completely confidential. Please refrain from sending very detailed information over email. Any and all communication via e-mail will be printed and kept on file. My e-mail address is julie@independentcyc.com. PLEASE NOTE that I do not access emails remotely.

PERSONAL INFORMATION

All personal information will be kept in confidential files in Julie Clarke's possession in locked cabinets. Julie Clarke Counselling and Psychotherapy strives to maintain a high level of privacy and personal information will be protected in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA).

Signature below and included in this agreement indicates understanding of the included conditions of service and that you are in agreement, now and in future. It is each individual's responsibility to inform Julie Clarke immediately if you have questions or concerns about this service agreement and informed consent document.

Child/Adolescent Signature [12 or over] _____ **Date** _____

Parent/Guardian/Client Signature _____ **Date** _____
[not required if signed above]

Parent/Guardian/Client Signature _____ **Date** _____
[not required if signed above]

Julie Clarke, BCYC, MACP, RP Signature _____ **Date:** _____
Julie Clarke Counselling & Psychotherapy
www.independentcyc.com