

**Tracy Stober, MSW, RSW**  
Registered Ontario Social Worker

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## **POLICY STATEMENT**

Below you will find information concerning the provision of counseling services in private practice. Please read the following and indicate your agreement by signing below.

### **CONFIDENTIALITY**

All information discussed in the counseling sessions is held confidential and will not be shared without the clients knowledge and written permission, except when required by law, which includes a client;

- Who threatens serious physical harm to self or other
- Who reports or appears to be at risk of physical or sexual child abuse (even if the victim is now an adult)
- Who reports serious misconduct of any registered health professional
- Whose clinical file is subpoenaed.

*Provincial law mandates that members of the College of Social Workers may need to report these situations to the appropriate persons and/or agencies.*

### **FEES AND PAYMENTS:**

Fees for 55 minute sessions are \$170.00 and payment is expected at the end of the session in the form of a personal cheque, cash or etransfer. Some extended health care policies cover a portion or percentage of the cost for health care services provided by a registered social worker. It is up to the client to contact their Insurance provider to determine whether these fees are covered to obtain reimbursement. Twenty-four hours notice is required for cancellation of a scheduled session. Any cancellation occurring less than the required 24 hour period will be billed as a full session. Please note: Delinquent accounts may be subject to legal action with your prior knowledge.

### **CONSENT FOR PERSONAL INFORMATION:**

I understand that to be provided with Counseling services, personal information will be collected. I have reviewed the Privacy Policy about the collection, use and disclosure of personal information and understand how this Policy pertains to me. I have been given a chance to ask any questions about the Privacy policy and they have been answered to my satisfaction. I also understand, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments. If these apply to me, I am aware that I will be informed.

My (our) signature indicates that I (we) have read, understood and accepted the above policy.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_