

Dan Coburn, MSW, Registered Social Worker

Dan Coburn Counselling for Couples, Families & Individuals

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CONSENT TO SERVICES

This document contains important information about my services and policies. Please read it carefully, this information and any questions you have will be discussed at the start of your first session.

Therapy is often helpful to people who are in distress or to people who want to grow and enrich their lives. Therapy goals can include experiencing some relief from a variety of social and emotional problems, gaining understanding into your personality, and improving your relationships. Many people who participate in therapy feel that the experience has helped them in some way. However, there are no guarantees of this. Some of the qualities that will increase the helpfulness of your experience is a willingness to be honest, a desire and strong motivation to improve some part of your life, and active participation in the therapeutic process.

Some risks do exist in therapy. You may feel emotional discomfort at some point during the process (for example, you may feel sad when telling your therapist about a recent loss). Emotions that clients sometimes feel include anger, sadness, and anxiety. When working on relationship problems, you may feel some discomfort about or towards other people. It is also possible that therapy may not work for you, and in rare cases, problems may get worse. Having said this, many people feel that therapy is worth the potential risks, and many people benefit from treatment.

For the first session or first few sessions, you can expect that an assessment of the problems that brought you into therapy will be conducted. After this initial assessment, you will be provided with initial impressions of the kind of treatment, if any, that would likely be indicated for you. During this initial assessment, you should also be thinking about your level of comfort with your therapist. Because the services may require a substantial commitment in terms of time, energy, and financial resources from you, it is important that you feel comfortable with the professional that you choose. If you decide that you are not comfortable, I would be happy to provide you with some referrals to other service providers in our field.

Clients often wonder how long therapy will take, and how frequently they will need to come. Different types of problems require different durations and frequencies of intervention. After the initial assessment, you can be provided with a rough estimate of both. If, at any time, you wish to discontinue services, you can do so. Your only obligation is to pay for services that you have already received.

CONFIDENTIALITY

Confidentiality is an important issue for clients to understand. For assessment and therapy to be most beneficial, it is important that you trust your service provider enough to be open and honest. At times, you may wish to share sensitive and personal information. To aid in this process, the law makes it my duty to keep client information confidential. This means that your therapist cannot discuss your case with anyone or send out information about you without your permission. Case notes will be kept about your sessions, fee transactions, and communications. These records are confidential and cannot be released to anyone without your informed and voluntary consent.

Limits to Confidentiality

There are some legally-defined limitations and exceptions to confidentiality that you should be aware of. The specific situations in which confidentiality would need (or be allowed) to be breached are as follows:

- 1) If a client appears to be a danger to him/herself or others.
- 2) If there is reasonable suspicion that a child is being neglected or abused.
- 3) If there are reasonable grounds to believe that another registered healthcare practitioner has behaved in a sexually abusive manner towards a client.
- 4) If a summons to witness is received from the court (a subpoena in Ontario) or a court-order directs us to produce client records.
- 5) If my regulatory Colleges (e.g., the Ontario College of Social Workers and Social Service Workers) requests access to files for the purposes of assuring quality of care.

Release from Confidentiality

Except for the above circumstances, we are not allowed to release or share any information about you without your permission. If you grant permission to release or share information with another person regarding your case, care and good professional judgment would still be used in sharing only pertinent information.

It should also be noted that, from time to time, professional consultation and supervision from trusted colleagues may be sought on your case. In doing so, your identifying information and certain demographic data (age, race, occupation, etc.) would be omitted or changed as much as possible to protect your privacy and confidentiality. This is considered an appropriate standard of care.

ELECTRONIC COMMUNICATION

Email is not considered a confidential form of communication. Email may be used for scheduling purposes, but please avoid sharing sensitive information with me over email.

EMERGENCY PROCEDURES

Although rare, emergencies can come up during the course of therapy, and unfortunately I cannot provide support 24-hours a day or 7 days a week. You should call 911 if you are experiencing an immediately dangerous or life-threatening crisis, or utilize other mental health crisis services (e.g., go to the emergency room at your local hospital, contact the Ontario Mental Health Helpline for crisis services in your region: 1-888-829-7484/ www.reachout247.ca). You may also leave me a voicemail and I will contact you as soon as possible.

FEE POLICY

My current rate for a 60-minute session with individuals is \$140 and a 60-minute session with couples or families is \$170. (this is an hourly rate based on the note-taking and planning I conduct for you after you leave our offices). Longer or shorter sessions are prorated from these hourly rates.

Single brief phone calls (less than 15 minutes) for initial consultations are provided without charge. Completion of letters/forms on a client's behalf are also billed at our standard hourly rate.

When schedules permit, I can fulfill requests to be present at professional meetings, such as educational planning meetings, case conferences with other health professionals, etc. Fees for these services (including travel time) are also based on our standard hourly rate. Occasionally, my fees might increase due to inflation, but you will be notified beforehand.

Payment of Fees

Clients are expected to pay the full amount of their bill on a per-session basis. I accept payments via e-transfer since there is no fee for its use and my hourly rate does not take into consideration the extra costs associated with

the use of credit cards. If this is an obstacle for you and you may not be able to pay for services, exceptions may be considered a last option.

E-transfer payments can be directed to dan@dancoburncounselling.com. Clients of RGA Psychological & Counselling Services need to direct e-transfer payments to roxanne@rgapsych.com.

Some insurance companies pay a portion or the full amount of my services. If you choose to process your services through insurance, it is your responsibility to submit all receipts to your insurance company for reimbursement. Some insurance companies may require specific information from your assessor/therapist, such as your diagnosis or treatment plan. If an insurance company requests this directly from myself, you would need to give your consent and complete the appropriate release of information form before such information could be released.

SCHEDULING AND CANCELLATIONS

Usually the date and time of your next appointment will be scheduled at the end of each session. From time to time, you may need to cancel a scheduled session. When possible, if we reschedule for the same week then no cancellation fee will apply. However, if a cancelled session cannot be rescheduled and notice of less than 24 hr was given, you will be charged 100% of the full session fee.

ONLINE SESSIONS

To accommodate scheduling, convenience, and/or location restrictions, online sessions may be considered (internet-based sessions using real-time audio and video). While acknowledging these benefits, online sessions have some limitations compared to in-person sessions, including the potential for both participants to experience fewer visual and audio cues. Online therapy is also technical in nature, and problems with the internet may occur; in such cases, your therapist will phone you (to either continue the session or reschedule, as mutually decided upon). While your therapist cannot personally guarantee the confidentiality of information provided over the internet, an online session provider with documented procedures meeting the requirements of privacy legislation will be utilized to attain maximum confidentiality.

OVERALL ACKNOWLEDGEMENT OF CONSENT

I understand that my service provider will collect some personal information about me (e.g., home telephone number, address, health history). I have had a chance to review the privacy policy about the collection, use, and disclosure of personal information, steps taken to protect the information, and my right to review my personal information. I understand how the privacy policy applies to me. I have been given a chance to ask any questions that I have about the privacy policy and they have been answered to my satisfaction. I agree to the collection, use, and disclosure of personal information about me as set out above.

In signing below, I am indicating that I was given and that I understand the information concerning the services I will be receiving, as well as the limits to confidentiality. I have had the opportunity to ask questions, and to have my questions answered appropriately. I understand that I have the right to withdraw my consent to treatment and/or assessment at any time.

In signing below, I also give consent to participation in online sessions when agreed upon by myself and my therapist.

I understand that I may revoke this consent at any time. ☐ Yes ☐ No

In signing below, I also give my consent for information about me (or the noted client) collected by Dan Coburn to be shared with my extended healthcare benefits insurer for the purpose of confirmation of appointment dates, charges, and services if needed. I understand that I may revoke this consent at any time.

- ☐ Yes (extended health care benefits insurance company)
☐ No, I do not wish for information to be shared with my insurance company

_____	_____	_____
Client Name (Printed)	Client Signature	Date
_____	_____	_____
Client Name (Printed)	Client Signature	Date
_____	_____	_____
Client Name (Printed)	Client Signature	Date
_____	_____	_____
Witness Name (Printed)	Witness Signature	Date

CLIENT INFORMATION

Client's Street Address City

Postal Code Home Phone Number Cell Phone Number

Client Email Address (Please remember that communication through e-mail cannot be guaranteed to be confidential.)

Contact In Case Of Emergency Contact Number

This form will be valid for one year from the most recent face-to-face contact with you, unless requested otherwise.

CONSENT TO AUDIO & VIDEO RECORDING

When clients give me their consent, I create audio and video recordings of our sessions together. I record sessions with consent for two main reasons. First, reviewing session recordings in my own professional supervision is very beneficial for my professional development and growth, since it allows me to closely examine my work to improve my skills and interventions. Second, reviewing session recordings in professional supervision can also be beneficial if our work in therapy gets difficult or stuck, since a supervisor can provide me with additional guidance that can help us find ways to make progress.

Your consent to audio and video recordings of our counselling sessions is optional and voluntary. If you are willing to consent to have our sessions recorded, please review and complete the following form.

I/we consent to audio/video recordings of our work with Dan Coburn (MSW, RSW). Recordings of sessions are created strictly for use in Dan's supervision for purposes of supporting client progress and professional development. Recordings are only shared with supervisors who are committed to protect client privacy and confidentiality.

I/we are aware that recordings will be used only for Dan's professional supervision purposes.

I/we understand that recordings will be treated as confidential documents and trust that our privacy and dignity will be respected at all times. We have had the opportunity to ask questions about our privacy.

I/we understand that this is a voluntary agreement and that we can rescind this agreement at any time. We also understand that our care will in no way be affected by our personal decision and that if a recording is used in supervision it could benefit the progress of our clinical work together.

I/we agree that the audio/video recording will remain the property of Dan Coburn (MSW, RSW) and will be destroyed when it is no longer required for the purpose of supervision.

_____	_____	_____
Client Name (Printed)	Client Signature	Date
_____	_____	_____
Client Name (Printed)	Client Signature	Date
_____	_____	_____
Client Name (Printed)	Client Signature	Date
_____	_____	_____
Witness Name (Printed)	Witness Signature	Date