Lesline McEwan
MA, CAMF, CCTP, RP
Registered Psychotherapist

Lesline McEwan, RP, MA, CAMF, CCTP
Registered Psychotherapist
Tel. 613-518-2572
Email: lmcewan@lcmcounselling.com
Website www.lcmcounselling.com

INTAKE AND STATEMENT OF UNDERSTANDING FORM

This form explains important information about counselling, so you know what to expect and can make informed decisions. Please read carefully, ask questions if anything is unclear, and return the signed form prior to your first session.

CONFIDENTIALITY POLICY

Before counselling begins, it is important that you understand the confidential nature of the counselling relationship.

All information shared in counselling sessions is confidential and cannot be disclosed to any third party without your informed, voluntary, and written consent. Information is managed in compliance with Federal and Provincial Privacy Acts.

A record is kept of all sessions and communications (including dates and times of appointments by phone, video, or email). These records are securely stored and retained for 10 years after your last visit, in accordance with professional guidelines.

CONFIDENTIALITY AND ITS LIMITS

Your privacy is a top priority. However, there are a few legal and ethical limits to confidentiality where I may be required to share information, even without your consent.

These include situations where:

- There are reasonable grounds to believe you or someone else is at risk of imminent harm;
- A child under 16 is being abused, neglected, or at risk of such harm;
- You report that a regulated health professional has sexually abused a client;
- A court order or other legal requirement mandates disclosure;
- In the event of a medical or psychological emergency, I may contact your identified emergency contact and/or the appropriate emergency services to ensure your safety.

Crisis Resources: If you ever feel unsafe or in crisis outside of session hours, please contact emergency services (911) or a crisis line such as the Canada 24/7 Suicide Crisis Helpline 9-8-8

Potential Benefits and Risks of Psychotherapy

Therapy is a supportive space where you can explore your thoughts, feelings, and experiences. This process can be deeply rewarding, helping you grow, heal, and better understand yourself. At times, it's normal to feel difficult emotions like sadness, frustration, or guilt—these are part of the natural process of personal growth.

Some of the ways therapy may help include:

- Feeling more in tune with your emotions and yourself
- Building stronger, healthier relationships
- Finding better ways to cope with life's challenges
- Gaining confidence and clarity in your decisions

Everyone's journey is unique, and while many people notice positive changes, specific results cannot be guaranteed.

APPOINTMENTS

Sessions are by appointment only and typically last 50 minutes. Consistency is important for progress, so please plan ahead to maintain regular sessions.

FEES AND PAYMENT

The fee for a 50-minute session (therapy or anger management) is $160.00. Fees are due prior to or at the start of each session. Crisis or extended phone sessions are billed in 15-minute increments. Fees cover counselling time, preparation, and record keeping.

Payment Options:

• E-transfer or PayPal (for teletherapy sessions)
• Payments are non-refundable

Insurance:

Please verify with your insurance provider or HR department whether services by a Registered Psychotherapist (RP) are covered.
Receipts are issued for insurance and income tax purposes.

CANCELLATION AND LATENESS POLICY

• Cancellations made less than 48 hours in advance are billed at the full session rate.
• Frequent cancellations or unpaid sessions may result in discontinuation of therapy.
• If you are more than 15 minutes late without contact, the session will be considered a missed appointment and charged accordingly.
• For teletherapy, your therapist will call twice (or stay logged in for 15 minutes).

TECHNOLOGY POLICY

Teletherapy (video or phone sessions) can be a safe and effective alternative to in-person therapy. However, there are inherent risks to electronic communication, such as interruptions, technical failures, or potential privacy breaches.

You acknowledge and accept these risks and agree to hold **Lesline McEwan** harmless in the unlikely event of a privacy breach or misuse of digital data.

Sessions will not be audio or video recorded by either party. Both therapist and client agree to disable all device-based recording functions.

CONTACT AND SOCIAL POLICY

• For your privacy, I will not initiate contact if we meet in public. If you greet me, I will respond respectfully but will not discuss your therapy.
• Social media contact (friend requests, follows, etc.) is not permitted outside of professional or clinical channels.

CLIENT INFORMATION

Please complete the following information. All responses are confidential and used solely for assessment and treatment purposes.

Client's Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred Contact Methods (check all that apply):

Phone: _____ Voice Mail OK ☐ Yes ☐ No

Email: _____ Email OK ☐ Yes ☐ No

Emergency Contact: _____

Relationship: ☐ Spouse ☐ Partner ☐ Parent ☐ Other: _____

Phone: _____ Voice Mail OK ☐ Yes ☐ No

Email: _____ Email OK ☐ Yes ☐ No

What brings you to counselling at this time?

_____

What are you currently experiencing & how long? (e.g., anxiety, self-harm, depression, etc.)

_____

What are your goals for therapy?

_____

Are you currently receiving support from any other professional(s)?

_____

Please list any medications relevant to counselling:

_____

Have you ever been hospitalized for mental health concerns? ☐ Yes ☐ No

If yes, please describe: _____

Have you previously participated in counselling or psychotherapy? ☐ Yes ☐ No

Are you currently involved in the criminal or family court system? ☐ Yes ☐ No

If yes, please describe: _____

ACKNOWLEDGEMENT AND CONSENT

I have read and understood the above information regarding confidentiality, risks, benefits, and policies. I consent voluntarily to participate in psychotherapy or counselling with **Lesline McEwan**.

I understand that:
- I may ask questions about any part of this agreement;
- I may withdraw my consent at any time; and
- This consent remains valid until withdrawn in writing.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

PLEASE SIGN AND RETURN THIS FORM PRIOR TO YOUR FIRST SESSION.