



Lesline McEwan, RP, MA, CAME,
Registered Psychotherapist #005268
Tel. 613-841-3901
Email: lmcewan@lcmcounselling.com
Website www.lcmcounselling.com

INTAKE AND STATEMENT OF UNDERSTANDING FORM

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

All information gathered in the counselling sessions is treated as confidential and cannot be disclosed to a third party without your informed, voluntary, and written consent. All information is treated in accordance with the applicable Federal and Provincial Privacy Acts. A record is kept of all contacts, including date(s) and time(s) of appointments with your counsellor, either by telephone, e-mail or in person. Records are securely retained for 10 years after your last visit.

LIMITATIONS TO CONFIDENTIALITY

I would like you to understand that there are certain situations in which I am legally required to reveal the information obtained during counselling to a third party without your consent.

These include:

- There are reasonable grounds to believe that there is a risk of imminent harm to you or specifically identified others;
- There are reasonable grounds to believe that there is a risk of neglect and/or abuse of children;
- If a client discloses that a member of a regulated health profession has sexually abused a client;
- If a member of a regulated health profession discloses that they have sexually abused a client;
- When disclosure is ordered by a court; or
- In case of medical, psychiatric, or psychological emergency, I will contact your emergency contact, as identified by you, and/or the appropriate emergency response services.

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of one's life, you may experience uncomfortable emotions such as shame, sadness, guilt, anger, frustration, and helplessness. However, counselling and psychotherapy have been shown to be beneficial for individuals. Therapy can lead to better relationships, solutions to specific problems, significant reductions in feelings of distress and improved self-confidence, but there is no guarantee of what you will experience. It is a personal discovery and may lead to changes in your views and choices in life.

APPOINTMENTS: Counselling services are by appointment only.

Sessions are 50 minutes in length. Since continuity of treatment is vital to therapy, we encourage you to plan ahead in scheduling your appointments.

FEES: The session fee for a 50-minute therapy or anger management session is \$150.00. All fees are due prior to the beginning or at the beginning of each session. Crisis sessions and telephone sessions requiring additional time will be billed accordingly in 15-minute intervals and according to your fee. The fee covers the counselling session as well as preparation time and record keeping.

PAYMENT POLICY: Payments are made prior to, or in session. Payments are nonrefundable. All Email, Video and Telephone Sessions are pre-paid by email transfer or paypal.

INSURANCE: If you are using insurance it is your responsibility to check with your insurance company or with your Human Resources Department if services provided by Registered Psychotherapists (RP) are covered by your employer's plan.

RECEIPTS are issued for insurance or income tax purposes.

CANCELLATION POLICY: Missed appointments will be charged a full fee unless cancelled 48 hours in advance. On occasion, there will be understandable reasons for missing appointments, but exceptions to this policy will be rare. Unless other arrangements have been made, failure to pay for services or excessive missed appointments may result in termination of therapy.

ARRIVING LATE WITHOUT NOTIFICATION: Your therapist will wait for you for 15 minutes after which she will assume you are not coming and will leave the appointment/office. (For telephone counselling the counsellor will call twice in the first 15 minutes and for video will remain logged on for 15 minutes). In such a case, you will be charged for a missed appointment.

TECH POLICY: I understand while all reasonable precautions have been taken, there are potential risks to all technology, including interruptions, unauthorized access, and technical difficulties, which cannot be predicted. I understand that my therapist or I can discontinue the teletherapy consult/session if it is felt that the videoconferencing connections are not adequate for the situation. The client understands and accepts the inherent risk in this technology and agrees to hold Lesline McEwan harmless in the event of a privacy breach or misuse of digitally stored or communicated information.

I understand that the teletherapy session will not be audio or video recorded at any time, and that we will both disable computer and device-generated recording to the best of our abilities.

CONTACT POLICY

- Therapist will not introduce self in public or social situations. If approached the therapist will respond but there will be no discussion relating to the counselling relationship.
- No Social Media linking except with clinical-based media.

CLIENT INFORMATION AND PERMISSION TO CONTACT OR CONFIRM APPOINTMENTS:

Client's Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ Province _____ Postal Code _____

Leave information via: (Check all applicable)

- Telephone Number: _____ Voice Mail Permitted Yes__ No__
- Email: _____ Email Permitted Yes__ No__

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact _____

Relationship (check applicable) Spouse__ Partner__ Other(State)_____

Leave information via: (Check all applicable)

- Telephone Number: _____ Voice Mail Permitted Yes__ No__
- Email: _____ Email Permitted Yes__ No__

ACKNOWLEDGEMENT AND CONSENT

I have read the above information and I accept, understand and agree to the terms of this agreement. I understand the risks and benefits of counselling and I provide voluntary consent to participate in psychotherapy and or counselling with Lesline McEwan

I have had the opportunity to ask questions regarding these terms of service and confidentiality agreement and receive answers to my satisfaction. I understand that I may withdraw this consent at any time.

Client Signature: _____ Date: _____

PLEASE SIGN AND RETURN BEFORE THE COUNSELLING SESSION