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INTAKE FORM AND STATEMENT OF UNDERSTANDING

CONFIDENTIALITY POLICY: Before counselling or anger management session 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 Privacy Act and Access to Information Act. 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 In certain situations, the law requires the counsellor to legally breach confidentiality. These include: risk of imminent danger to yourself or others (the person at risk must be informed), real or potential child abuse or neglect, a court order (subpoena), and disclosure that you have been abused by a health care professional.

APPOINTMENTS: Counselling services at **LCM Consulting** are by appointment. 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 \$120.00. All fees are due 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 non-refundable. All Email, Video and Telephone Sessions are pre-paid by email transfer.

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

RECEIPTS are issued for income tax purposes.

CANCELLATION POLICY: Missed appointments will be charged a full fee unless cancelled 48 hours in advance. On occasions, 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/he will assume you are not coming and may leave the appointment/office. In such a case, you will be charged for a missed appointment.

TECH POLICY: We use various technologies not limited to voicemail, email, facsimile, and online services such as ZOOM and cloud-based storages to communicate and store information. We undertake reasonable effort to ensure these communications are secure, and by their very nature they are subject to privacy breach or misuse. The client understands and accepts the inherent risk in this technology and agrees to hold the therapist and LCM Consulting harmless in the event of a privacy breach or misuse of digitally stored or communicated information.

CONTACT POLICY

- Therapist will not introduce self in public or social situations
- No Social Media linking except with Clinic based media

CLIENT PERMISSION TO CONTACT OR CONFIRM APPOINTMENTS:

Leave info via: (Check all applicable)

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

PLEASE SIGN AND RETURN BEFORE THE COUNSELLING SESSION I have read, or had this statement read to me, and acknowledge that I understand its conditions.	
_____	_____
<i>Client Signature</i>	<i>Date</i>

<i>Print Name</i>	
_____	_____
<i>Counsellor Signature</i>	<i>Date</i>

<i>Print Name</i>	