

Confidentiality Agreement and Consent Form

TRUST AND CONFIDENTIALITY:

A safe therapeutic relationship is based upon respect and trust that personal issues shared during the therapeutic process will be held in confidence. All verbal and/or written exchanges will be maintained in confidence with the following EXCEPTIONS:

- If you are in danger of seriously and immediately hurting yourself or someone else.
- If your therapist has reasonable grounds to suspect a child presently under the age 16 is or has been, in danger of physical, sexual, emotional or mental abuse or neglect.
- If your therapist becomes aware of sexual abuse committed by another professional, she is obliged to report this to the appropriate authorities.
- If a case goes to court, your therapist's records may be subpoenaed by the courts.

Signed consent by you is required for communication with other professionals and for receiving or providing information related to your therapy.

CLINICAL SUPERVISION:

I am a member in good standing with the Ontario College of Social Workers and Social Service Workers (Registration # 820503). Along with regular professional development in order to maintain my competency, I receive individual supervision and participate in group consultations to ensure client need is always at the forefront of my interventions.

ELECTRONIC RECORD KEEPING:

In administering my practice, I make use of a secure, web-based practice management system to store and manage client records. This includes information such as client appointments, billing documents, session notes, contact details, and other client-related information and documents. The system I use is encrypted, has servers exclusively located in Canada (Toronto and Montreal), and access to the system is granted only on an as-needed basis and governed by our strict confidentiality policy. Additionally, all practice data in the system is routinely backed up to insure the privacy and protection of sensitive client information and to assist us with PHIPA compliance.

FEES:

The fee for individual counselling is \$140 for 50 mins. Payment of fee is due at the beginning of the appointment. I accept a variety of paying methods including e-transfer, cheque, paypal and debit (tap card), there is a \$2.50 fee for credit cards.

INSURANCE COVERAGE & INCOME TAX DEDUCTIONS:

If you have extended health benefits through your employer, contact your insurance company or human resources to inquire whether services provided by a Social Worker holding a Master's degree (MSW). If your insurance doesn't cover a Social Worker, you can claim receipts as medical expenses when completing your tax return.

APPOINTMENT TIME:

There is 50 minutes scheduled for your appointment. If you arrive late, the appointment will not last longer than scheduled out of respect for other clients who might have an appointment after you.

CANCELLATION:

If you must cancel an appointment, it is necessary for the therapist to be informed at least **24 hours ahead of time** or you will be billed for the session and would have to pay this at the beginning of the next session. I have a small practice so if you know ahead that you cannot attend, please let me know so that I may offer your spot to another client.

COMMUNICATION:

You may email me between appointments if you have a general question or want to book an appointment. Email is not to be used if you are in crisis; if it is an emergency please call 911 or present yourself to the Emergency Dept. There is also a list of crisis numbers on my website.

In order to maintain a professional and confidential relationship with you, I will not communicate with you or follow you on social media. Invitations of that nature will be ignored.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request another therapist at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, colour, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

As a Registered Social Worker with the Ontario College of Social Workers and Social Service Workers, I adhere to a code of ethics and am accountable to that College.

REQUEST FOR SERVICES:

I have been given a chance to review the information on this form and my Privacy Policy, have been given an opportunity to ask questions which have been answered satisfactorily, and hereby request the following service.

Client's signature: _____ Date: _____

Therapist's signature: _____ Date: _____

Individual Psychotherapy with:

Dima Dupéré, MSW, RSW

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