

# Psychotherapy Counseling Policies

## INFORMED CONSENT AND AUTHORIZATION FOR SERVICE

Please read this information carefully. It describes my policies and the related practices to be followed as part of the therapy service I will provide you. Be sure to raise any questions you may have. Complete, sign and return the signed copy to me the next time we meet.

### ***Appointments, Payments and Cancellations:***

Every effort will be made to schedule appointments that are mutually convenient. If it becomes necessary for you to cancel, at least 24 hours' notice must be given. If less than 24 hours' notice is given, you will be expected to pay for that appointment. There is no need to confirm appointment unless you have a question. It is your responsibility to ensure payment for service is made in a timely manner (at the end of each session), unless otherwise stated in writing.

### ***Confidentiality:***

Communication between my clients and me are confidential, in accordance with professional ethics and in compliance with the law. While these limitations may not at all be relevant to your situation in which disclosure can be made without consent. I must disclose information:

1. In order to protect you or others if
  - a. You present a danger to yourself and refuse to accept appropriate treatment.
  - b. You tell me of an actual threat to harm another person.
  - c. You have a history of violence and there is cause to believe you pose a danger of physical violence to another.
2. In case of child or elder abuse, which must be reported to appropriate jurisdiction and/or agencies.
3. In order to collect debts or to protect myself in a court action
4. In certain legal proceedings should a court of law issue an order requiring the release of confidential information.
5. With colleagues about my work with you (never revealing your identity) to provide the best services possible. In any case, only appropriate and necessary information will be provided.

Of course, whenever you wish to give expressed, written consent, I can share information about you. When I am working with you and your family (or partner), it is important that nothing anyone says during a session be used against him or her outside of the session. Likewise, I will never discuss one member of a family with another during any individual sessions that might occur adjunctively with couples or family work unless one of the above conditions is present

### ***Statement of Understanding:***

I have been informed of and understand the conditions and procedures as outlined above and accept services with full knowledge and understanding of the relevant conditions. A **fee of \$70.00 (Tax included)** will be charged for each 50-minute individual counselling session (\$140.00 for couples/family). Cancellations or missed appointments without a minimum of 24 hours notice will be charged at the regular session rate – *payable at the beginning of the following session. Only certified cheques, cash or money orders are accepted.* As I understand counselling is a process, I **commit to a minimum of three counselling sessions** with re-assessment thereafter.

Client's (Guardian's) Signature \_\_\_\_\_

Practitioner's Licence # \_\_\_\_\_ Signature \_\_\_\_\_

Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

*Confidential when completed*

## Client Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_

Occupation \_\_\_\_\_

Years of Education \_\_\_\_\_ Previous Counseling? \_\_\_\_\_yes \_\_\_\_\_No

If yes, whom did you see? \_\_\_\_\_

For what reason(s)? \_\_\_\_\_

### Family History:

Parent 1: Name \_\_\_\_\_ Living? \_\_\_\_\_ Age \_\_\_\_\_

Marital status \_\_\_\_\_ Years of Education \_\_\_\_\_

Occupation \_\_\_\_\_

**Present health:** Very Good \_\_\_ Good \_\_\_ Poor \_\_\_ **Past health:** Very Good \_\_\_ Good \_\_\_ Poor \_\_\_

Parent 2: Name \_\_\_\_\_ Living? \_\_\_\_\_ Age \_\_\_\_\_

Marital status \_\_\_\_\_ Years of Education \_\_\_\_\_

Occupation \_\_\_\_\_

**Present health:** Very Good \_\_\_ Good \_\_\_ Poor \_\_\_ **Past health:** Very Good \_\_\_ Good \_\_\_ Poor \_\_\_

### Siblings:

Name	Age	Marital Status	Health (past/present)	Occupation

*Confidential when completed*

**Current Family:**

Partner's name \_\_\_\_\_ Age \_\_\_\_\_

Years married/cohabited \_\_\_\_\_ Number of children \_\_\_\_\_

Partner's occupation \_\_\_\_\_

Years of education \_\_\_\_\_ Past/present health \_\_\_\_\_

Previous marriages and/or divorces (please give details): \_\_\_\_\_

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Name and ages of children who are living with you \_\_\_\_\_

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Have you or anyone in your extended family been treated for psychiatric problems, alcoholism, or drug abuse problems?  
\_\_\_\_\_ If yes, please explain.

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List any past/present legal history.

What present problems do you have that you feel you need help with?

What do you think is causing these problems?

What prompts you to seek counselling at this time?

What are your expectations and goals for counseling at this time?

How will you know when your goals have been achieved?

Are you currently being treated for any health condition? \_\_\_\_\_ Are you taking any prescription medication? \_\_\_\_ If yes, please list any medications and explain what the medication(s) is prescribed for.

Name of Medication	Prescribed for?

***Thank you for completing this form!***