

GENERAL INFORMATION

TODAY'S DATE:	<u> </u>	
NAME:	BIRTHDATE:	
NAME:	BIRTHDATE:	
ADDRESS:		
PHONE:	EMAIL:	
STATUS (single, dating, married, cohabitating, se	eparated, divorced, widowed):	
CHILDREN: (names and birthdates)		
1	2	
3	4	
TYPE OF THERAPY REQUESTING (individual, o	couple, family):	
EDUCATION COMPLETED (high school, diploma, co	llege, university, graduate, doctoral):	
PAST THERAPY: yes/no (if yes, where and how long?)		
MEDICAL HISTORY:		
CURRENT MEDICAL PRESCRIPTIONS:		
EMPLOYMENT (full time, part time, casual, unemployed):		
How did you hear about Janey Komm, Psychotherapist?		

EMERGENCY CONTACT INFORMATION:		
NAME:	PHONE:	
RELATION:	-	
BRIEFLY DESCRIBE THE CONCERNS TO BE DISCUSSED IN THERAPY:		
PLEASE STATE YOUR GOALS FOR THERAPY:		
1		
2		
3		
SIGNATURE:	DATE:	
SIGNATURE:	DATE:	

THERAPY CONTRACT

Name:	Date:	PSYCHOTHERAPIST M.S. M.S. RMFT RCC CPHR
Name:	Date:	

Therapy is an opportunity to explore clients' thoughts and feelings about their lives. This may include gaining insight, learning from the past, healing from hurt, and acquiring new communication and coping skills. Therapy is most effective when the client has specific goals and applies the new knowledge and tools acquired during sessions to everyday situations. Therapy does not guarantee desired outcomes. There are potential risks associated with engaging in therapy. It is important to know that participating in therapy can bring up sensitive and possibly disturbing thoughts and feelings. These thoughts and feelings can be overwhelming and in some cases, debilitating. The client and therapist will work closely together to monitor the level of emotionality and capacity of the client. Time will be left at the end of each session to ensure that the client is ready to face the intervening days before the next session. The therapist is open to hearing and resolving the client's concerns and questions at any point during the therapeutic process.

CONTACT

Sessions are offered on a weekly basis. Contact with the therapist outside of therapy is restricted to scheduling or rescheduling sessions. If there is a crisis during the week, the client should call 911 or other emergency resources for assistance. The therapist does not have emergency capacities.

PAYMENT

Payment is due immediately before or at the end of each session. The fee for individual sessions is \$160 per 50 minutes and the fee for couple sessions is \$180 per 50 minutes. Third party payers will be billed separately. In the event that payment from the third party is in arrears for more than 30 days, therapy will be suspended until payment is received. *Janey Komm, Psychotherapist* accepts cash and etransfers as forms of payment. *E*transfers can be sent to info@janey.ca.

CANCELLATION

If the client needs to cancel the session, notification must be given 24 hours in advance. If 24 hour notice is not given, then the client will be charged 50% of the fee regardless whether a third party is paying for the services.

CONFIDENTIALITY

Therapy is bound by the confines of strict confidentiality. The therapist will not discuss anything mentioned during sessions with individuals/organizations who are not included on the *Release of Information* form. As a Registered Marriage and Family Therapist (RMFT) and Registered Clinical Counsellor (RCC), the therapist has ethical obligations to fulfill. The therapist will step outside of confidentiality and take necessary action and contact the appropriate authorities if the client is threatening to hurt him/herself, someone is hurting or threatening to hurt the client, and/or the client is hurting or threatening to hurt someone else.

TELETHERAPY

Janey Komm, Psychotherapy offers teletherapy sessions online and by phone. The online platform used is Zoom. Zoom provides end-to-end encryption and protects the security and privacy of customers' data including compliance to PIPEDA. Janey Komm, Psychotherapy uses secure WIFI and encourages clients to also use secure WIFI. Sessions are not recorded or shared by either Janey Komm, Psychotherapist or the client. In the event of technical difficulties, a phone call will be used to continue or reschedule the session.

CONSULTATION

To provide continued exemplary service to clients, the therapist may consult other therapists as is professionally customary. However, strict confidentiality will be maintained and no personal or identifying information will be used.

TERMINATION

Both the client and the therapist reserve the right to terminate therapy at any time. It is recommended that at least one session be scheduled to discuss termination.

REGULATION

As a Registered Marriage and Family Therapist (RMFT), Registered Clinical Counsellor (RCC), and Chartered Professional in Human Resources (CPHR), the therapist is required to follow professional standards of conduct per: the Canadian Association for Marriage and Family Therapy (CAMFT), the BC Association of Clinical Counsellors (BCACC), the American Association for Marriage and Family Therapy (AAMFT), and the BC Human Resources Management Association (BCHRMA). For more information on professional standards and questions or complaints procedures, please visit the respective website:

CAMFT #2017469 AAMFT #115270 BCACC #10820 BCHRMA #1082253 www.camft.ca www.aamft.org www.bcacc.ca www.cphrbc.ca

mentioned information. By signing, I agree to all the policies and conditions included in t contract.			
Signature:	_ Date:		
Signature:	_ Date:		