

COUNSELLING CONSENT FORM

I want your informed consent for the services I am to provide. This means that I want you to understand the services I hope to provide to you, the cost involved, and what I do with the personal information I obtain about you. If you have a question on any of this, please ask.

CONSENT FOR TREATMENT

Requests for services will begin with a consultation/assessment usually taking one to three sessions depending on the situation. Feedback will be provided with suggestions given as to the course of treatment in terms of type (i.e., individual, couple or family therapy), length, and general approach. Referrals to other professionals may be made. Any changes in the type of treatment service to be provided in the future will be discussed with you in advance.

Upsetting feelings may be stirred up and you are encouraged to advise Jennifer Greve if these should arise. If you have any concerns it is my preference that you direct these to Jennifer first so that we may discuss the matter. Jennifer is a member of the College of Social Workers in Ontario.

Sessions with Jennifer Greve and the information discussed in them are confidential. That is, the contents of a session, or even whether or not you attend, will not be revealed to outside sources unless you have given written permission to do so, or as required by law. Instances in which confidential information may be disclosed are as follows:

1. If you are in, or appear to be in imminent danger of doing serious harm to yourself or another person, or Jennifer Greve, Jennifer is legally mandated to intervene (e.g., to call a member of your family, the police and/or the potential victim).
2. If Jennifer Greve has a reasonable suspicion based on your report that you or anyone else may be or have been a victim of physical, sexual and/or emotional abused by anyone, the appropriate children's aid society will be informed.
3. If there is a court order or summons presented to Jennifer Greve for her court attendance and/or for a production of your records.
4. If you reveal that you have been abused by another helping service professional (e.g., physician, psychologist, nurse, chiropractor, dentist, etc.), Jennifer Greve is required to report the information to that professional's regulating body (e.g., College of Physicians and Surgeons, etc.)

As part of ongoing consultation, training and education Jennifer Greve may discuss the particulars of your situation with other professionals while at all times leaving out any information that would allow the other person to know your identify.

WHAT TO DO IN AN EMERGENCY

Sometimes clients experience an emotional crisis that requires immediate attention. You may call the office first to see if Jennifer Greve can answer your call or if an emergency appointment can be arranged. You should be aware that Jennifer Greve also works outside this office and may not be immediately available. She will

return your call as soon as possible and usually within 24 hours. Often she can accommodate an appointment on short notice. If you feel you cannot wait, or if it is outside office hours, you should contact your family physician or go to the Emergency Department of your nearest hospital.

CONSENT FOR THE COST OF SERVICES

The fee is _____ per hour. The services of a Registered Social Worker are GST and PST exempt. Fee flexibility is available on an as needed basis. The therapy hour involves *fifty* minutes of direct contact, with the remaining ten minutes being used for consolidating notes and treatment planning at the end of session. There is usually no charge for: (i) treatment planning outside the session; (ii) brief telephone contacts (5 min. or less) with you, family members where appropriate, and other professionals; and (iii) other brief and incidental involvements of my time. However, where tasks and consultation require more time, fees may be charged. Administrative fees will be charged for requests for file notes (for time and duplication costs), reviewing files/notes and writing reports. All billing outside the direct contact time will be discussed prior to it occurring.

Payment for therapy is normally expected at each session (by cash or cheque). In this way, the account remains manageable and therapy becomes a naturally budgeted expense. Receipts will be given when payment is received. Please retain these receipts for your insurance or income tax claims, if applicable.

Cancellation Policy. Payment is expected for any missed session, unless the appointment is cancelled at least 48 hours in advance. If you arrive late for an appointment, you will be charged the full session fee.

Clients will be charged a \$15.00 penalty fee for NSF checks. If payment becomes a concern, please discuss it with Jennifer Greve, to avoid service charges for late payment or more active efforts to secure overdue statements.

CONSENT FOR PERSONAL INFORMATION

In addition to indicating your informed consent to participate and to receive services, your signature below indicates you have understood that in providing psychotherapy services, Jennifer Greve will collect some personal information about you (e.g., reasons for seeking services, address, phone number, family information, etc.).

Your signature indicates you have reviewed Jennifer Greve’s Privacy Statement (separate document) about the collection, use and disclosure of personal information, steps taken to protect the information and your right to review your personal information. You understand how the Privacy Policy applies to you. You have been given a chance to ask any questions you have about the Privacy Policies and they have been answered to your satisfaction.

You understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

You agree to Jennifer Greve collecting, using and disclosing personal information about you as set out above in this consent form and in her Privacy Policy.

SIGNATURE: _____ PRINTED NAME: _____
DOB: _____ PHONE: _____
ADDRESS: _____

WITNESSED: _____
DATE: _____