

Consent to Participate in Therapy Services

THERAPEUTIC RELATIONSHIP

By reviewing and signing the following consent form, you, _____, agree to enter into a therapeutic relationship with Jennifer Thomson, RP, MACP.

You agree to engage in counselling sessions with the above-named therapist (me). The therapeutic relationship involves an agreement between the client and the therapist to meet at an agreed-upon location at times that are convenient for both parties. As a part of this therapeutic relationship, we mutually agree with treat each other with respect, honesty, and integrity. Throughout the therapeutic process, there may be times when I challenge you, ask you to complete exercises outside of counselling sessions, and provide you with feedback. An important part of the therapeutic relationship is you also providing me with feedback as to progress, feelings about what I am saying, and how effective you feel the therapeutic process has been. I will always welcome your feedback, and use it to tailor sessions to your unique needs.

In order for the therapeutic process to be successful, it is important that sessions be engaged in regularly. This includes attending counselling sessions as scheduled, and actively participating during sessions. While there is no set frequency that is required to move forward, the client understands that failure to attend regular sessions may result in the client being discharged from my services. It is my policy to discharge a client after one month of no-contact, unless otherwise agreed upon by both parties. I will always follow up and inform you prior to discharge, so that you may let me know if you wish to resume counselling sessions or not.

APPOINTMENTS AND CANCELLATION

All appointments will be made in agreement with the therapist and the client during a time that is convenient for both parties. These appointments may be booked by phone, email, our online booking system, or at the end of a counselling appointment.

I require 24 hours' notice should you need to cancel your appointment. Should you cancel within the 24-hour window or fail to arrive for your scheduled appointment, you will be charged the full fee for the session. Payment must be remitted within 30 days of the missed appointment.

Should you fall ill or encounter an emergency, the cancellation fee may be waived with documentation of such an event, such as a doctor's note.

I value my relationships with my clients and understand that at times, life is extremely busy and it may be difficult to make our appointments. However, I believe that in order

for the therapeutic process to be effective, consistent and reliable appointments are imperative. Should you miss 3 appointments without giving 24-hours' notice, I reserve the right to discontinue counselling services at that time.

PROFESSIONAL FEES

Fees for services are as follows:

Individual Counselling: \$115/session (50 min) plus HST

Payment for services is due at the end of each session, and can be paid by cash, cheque, e-transfer, or credit card. In the case of e-transfers, I require that you send the e-transfer at the beginning or immediately prior to the appointment so that I can ensure I have received it by the end of the appointment. I will never accept payment unless a session has been completed.

INSURANCE

Psychotherapy services are not currently covered by OHIP. Some extended healthcare benefits providers will reimburse you for my services, but I am unable to process direct billing at this time. Please consult my Extended Healthcare Benefits Information Sheet for more detailed information. Should you require assistance with this, or have any questions, please do not hesitate to contact me.

PROFESSIONAL RECORDS

In accordance with the College of Registered Psychotherapists of Ontario (CRPO), I am required to keep all client records for a period of ten years. All records are kept electronically using safe and secure systems approved by the CRPO.

As a client, you have a right to access your records at any time upon request, with some exceptions. Should I feel that you having access to your records could potentially cause you or others harm, I reserve the right to withhold your records.

SOCIAL MEDIA POLICY

The relationship entered between a client and a therapist is a therapeutic one, and it is important that appropriate boundaries be set and carried out throughout the therapeutic relationship.

While Roots in Wellness operates social media accounts, which may follow at your leisure, it is not appropriate for you to follow your individual therapist on their personal accounts. I strive to provide the best service that I can, and in order to do so, I believe that setting such boundaries are important. Please note that should you send your therapist a

request to follow their personal social media accounts, such requests will be denied in order to uphold appropriate boundaries and protect your confidentiality.

WORKPLACE NON-VIOLENCE POLICY

At Roots in Wellness, we pride ourselves on treating our clients and each other with the utmost respect. By seeking help with any of us at Roots in Wellness, you are entering into a therapeutic relationship that is built on trust, respect, and honesty. We will do our best to respect you, and we expect the same in return.

At Roots in Wellness, we do not tolerate any form of harassment, verbal aggression, physical aggression, or violence toward one another. Should we encounter such behaviour, you will be asked to leave immediately. Should you have any concerns about our practice or our behaviour, we invite you to have a respectful discussion with us, or speak to one of our coworkers for support if you do not feel comfortable bringing it up with us personally.

CONFIDENTIALITY

As outlined in the Privacy Policy, everything that we discuss in therapy is strictly confidential, including all written or typed notes or records and any personal information. However, there are a number of exceptions to confidentiality, which are instances that I am obligated by-law to report. These instances include the following:

- if I believe you are at risk of harming yourself or others;
- if I believe a child is at risk of harm or damage;
- if I am subpoenaed by the court or law enforcement to provide your records or personal information
- if my college conducts an audit of my practice and records are requested

In addition to the above-mentioned limitations to confidentiality, I participate in ongoing education, supervision, and peer support in order to continue to advance my services and expertise. At times I may engage in case consultation which involves disclosing information about a client in order to teach others or consult with other professionals. In these instances, any identifying information including your location, name, occupation, etc. will be kept confidential. Furthermore, the individuals with which any case consultations may take place are bound by the same rules of confidentiality as I am.

It is important to note that the use of phone and video counselling cannot be guaranteed to be confidential and private at all times. While I employ the use of Zoom for video counselling, which is compliant with security and ethics guidelines, there are limitations to confidentiality any time the internet or phone is being used.

CONTACT



Roots in Wellness

Jennifer Thomson, RP, MACP | 226-503-9412 | jennifer@rootsinwellness.ca

I do employ the use of a cell phone in order to conduct my business. While texting and email are appropriate means of contact for confirming, changing, or making appointments, they are not appropriate for therapeutic or clinical concerns. Any therapy-related concerns you may have can be relayed via a phone call or should wait until our next session.

It is important to note that I do not provide crisis services and am not equipped to do so. Should you have an emergency or require immediate attention, please call 9-1-1 or visit the nearest emergency room. You can find additional crisis services information on my website, such as crisis hotlines and drop-in centers.

Your signature below indicates that you have read and understand this document, and that you agree to its terms.

Written Name of Client

Signature

Witness

Date