



## CONSENT FOR ASSESSMENT, TREATMENT & DISCLOSURE OF INFORMATION

Welcome to *Birch Cove Counselling!*

This document contains important information about our professional services and business policies. It also contains information about the Personal Health Information Protection Act (PHIPA), a law that provides privacy protections and patient rights about the use and disclosure of your protected health information for the purposes of treatment, payment, and health care operations. Although this document is long and sometimes complex, it is very important that you understand it. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

### ABOUT COUNSELLING

Counselling is a broad field that varies tremendously based on the approach used, and in the relationship between practitioner and client. Generally, it is a collaborative treatment which takes place in a supportive environment that allows you to resolve, cope with, transform and integrate mental and emotional challenges or issues, which may be causing suffering or preventing you from living your life to the fullest.

Counselling has both benefits and risks because the process of psychotherapy often requires discussing the unpleasant aspects of your life. Some risks may include uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. However, psychotherapy has also been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and discovering resolutions to specific problems. There are no guarantees about what will happen, and counselling requires a very active effort on your part to be successful. You will have to work on strategies we discuss outside of your therapy sessions. We will work with you to try to minimize the risks of therapy and to have you experience at least some of the benefits.

In the beginning, we will collaborate to establish clear goals for the outcome of our work together. We will develop a plan for reaching your goals and over time, we will define specific areas of focus, identify skills and capacities to be developed and/or healed, and implement approaches that can help you develop/heal them. As part of this, I ask that you please keep me informed about your experience. You are invited to ask questions, express concerns and give me feedback on a regular basis – doing so will optimize our therapeutic relationship and ensure that you get the most out of our work together.

### ABOUT ME

I have a Bachelor of Social Work and a Master of Social Work degree. I am a Registered Social Worker with the Ontario College of Social Workers and Social Service Workers, which governs Social Workers in the province of Ontario.

As a Social Worker, I employ a variety of techniques and approaches to help you reach your goals, to help us build a therapeutic relationship, challenge your thinking, offer support, or make changes. I like to use a flexible approach to best meet the needs of my clients, but I tend to rely on strengths-based approaches, narrative and brief therapy, solution focused counselling, and cognitive behaviour therapy as the foundation. I will always inform you about what we are doing and why, include you in the decision-making process, and endeavor to answer any questions you may have.

**Birch Cove Counselling**

Email: [Chantelle@birchcovecounselling.ca](mailto:Chantelle@birchcovecounselling.ca) | Phone: 613.209.6069

Website: <https://birchcovecounselling.ca>

## CONFIDENTIALITY, CONSENT AND PRIVACY

All information provided (verbally, written, and otherwise) during your sessions and as part of the intake process will be kept confidential by me, except under the following circumstances:

- **If I have any information about the abuse or risk of abuse to a child or elder. I must report this information to the relevant authorities.**
- **If I have reason to believe you are at risk of harm to yourself or others. I must take steps to ensure the safety of yourself or others, and this may include contacting the relevant authorities.**
- **If I am compelled by the courts to release information, such as by a subpoena.**
- **If there is reason to believe a member of a regulated health profession has sexually abused a client.**

Your rights, include:

- **The right to withdraw your consent for services at any time.**
- **If you have provided consent for the disclosure of information to a third party, you have the right to withdraw this consent, or place conditions on the information shared (except in the circumstances noted above).**
- The freedom to speak to me at any time with respect to any concerns about the handling of your information. You can make a request to see your record or have a correction made to your record by emailing me at [chantelle@birchcovecounselling.ca](mailto:chantelle@birchcovecounselling.ca). If you believe I have not adequately addressed your concerns about the handling of your information, you may make a complaint to the Information and Privacy Commissioner of Ontario.

Please note that we use technology and email that is compliant with privacy legislation and security, in order to do our best to ensure the security of your information. Your records are kept electronically and stored on secure servers. Furthermore, we will not communicate with you via text message except to confirm or arrange appointments, with the understanding that there are limits to the security of text messages. While we use encrypted email services, we will still limit some of the content sent by email to what is necessary or useful, including worksheets, exercises, links, recommendations, invoices and appointment information/reminders.

At this time, we are only offering telephone and virtual services, and so the use of technology is required in our counselling sessions with you. This technology includes, but is not limited to, online counseling via a video portal, telephone, or chat window. Due to the nature of online counselling, there is always the possibility that unauthorized persons may attempt to discover your personal information. *Birch Cove Counselling* will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. **Please be advised that you should take precautions regarding authorized and unauthorized access to any technology used in your counselling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technologies used in your counselling sessions.**

## SUPERVISION

To ensure I am providing the best possible service to you, and for my own growth and learning, I engage in clinical supervision regularly. In these meetings, I frequently discuss my clients' cases and will likely share details of your case with my supervisor. I will, however, not share any identifying information such

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as your name, the names of people you discuss, place of work, or any other information that might compromise your right to privacy. If you have questions about what I discuss with my supervisor, please ask me. It is your right to know what I discuss with them and why. If you're unhappy with what's happening in therapy, I encourage you to discuss it with me, so that I can address your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, I can provide you with the contact information of my clinical supervisor.

## COUPLE'S THERAPY

If you and your partner decide to have individual sessions as part of the couple's therapy, what you say in those individual sessions will be a part of the couple's therapy and can and likely, will be discussed in our joint sessions. **Do not tell me anything you wish kept secret from your partner.** I will remind you of this policy before beginning such individual sessions. There are some contraindications to doing couple's therapy. These contraindications include active affairs, physical violence, and untreated addictions and psychiatric conditions that might be impacting the relationship. These situations often make it inappropriate to start or continue with couple's counselling.

## NATURE OF OUR THERAPEUTIC RELATIONSHIP

I can only be your Social Worker. **I cannot have any other role in your life.** I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients other than the therapy relationship.

If we happen to meet in public, I will respect your privacy and will not acknowledge you, or in any way disclose the fact that you are my client. However, you are free to acknowledge me (which I will reciprocate if you initiate), and you are also free to disclose the fact that you are my client to people you wish to share that information with.

## DRUGS & ALCOHOL

To receive the most benefit from our sessions, please avoid the use of drugs or alcohol prior to and during our sessions (except for prescribed medication).

## FEES

My fees per session are \$165 per 50 minutes for individuals. Every appointment has 10 minutes that are set aside for administration. For couples, my fees are \$175 per 50 minutes. All fees include taxes and any applicable service fees. I require a credit card on file at the start of services, and this can be used for payment.

Other payment options accepted are credit card or e-transfer through an account of your choice. **All payments are due by the end of the session.** For booking of new appointments, accounts must be in

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good standing. Receipts will be provided for each session, and can be submitted to your insurance provider, or kept for tax purposes, as counselling can be considered a medical expense.

#### SCHEDULING & CANCELLATION POLICY

After your initial session, we will assess whether our therapeutic relationship is a good fit for both of us. Should you decide to continue, you can choose between weekly or bi-weekly sessions. We can also discuss other schedules that work for you, but keep in mind that therapy requires a time commitment to be most effective. If I need to change the time of your appointment, I will give you not less than 1 weeks' notice, and I request that you agree to do the same.

If you are unable to make your appointment and have provided notice, we will reschedule our session. I make every effort to reschedule in emergency situations, but sometimes there are no sessions available.

#### LATE CANCELLATION OR MISSED APPOINTMENT

If you miss an appointment, or cancel with less than 24-hours' notice, you will be charged the full fee of the session through the credit card on file.

#### PHONE CALLS, ONLINE VIDEO & COMMUNICATIONS

For our sessions, I use a secure videoconferencing line through a program called "**doxy.me**". The phone will be used as a back-up if there are any issues. Prior to our first session (and in subsequent reminder e-mails), I will send you a videoconferencing link. Please keep the link, as it is the same one you will use for every session. Prior to our first session, please click on the link to ensure it is working. If our sessions are via phone, I will call you at the number you provided in your intake form. Messages for me can be left on my confidential voicemail at 613 209 6069 or emailed to me at [Chantelle@birchcovecounselling.ca](mailto:Chantelle@birchcovecounselling.ca).

For all online video and phone sessions, please ensure that you have a good connection/good reception. For your privacy and to receive the most benefit from our work together, I request that you ensure you have a quiet, private space where you feel comfortable and will not be interrupted or overheard during our session.

#### TERMINATION OF COUNSELLING

Once you begin regular counselling (weekly or biweekly sessions), you have the right to terminate therapy at any time. However, in some circumstances people feel that they want to stop therapy when they are about to face something that is uncomfortable, yet potentially very fruitful. It can be helpful to discuss termination of services together, and to utilize a final session to bring our work together to a proper conclusion.

Please note that we are required to keep copies of your file for **7 years** following the termination of services, or 7 years past your 18<sup>th</sup> birthday, whichever is the longer time period.

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## AUTHORIZATION OF AGREEMENT & SIGNATURES

**Your signature on page indicates that you have read, understand, and agree to all policies and statements within this document, and that you willingly and voluntarily consent to counselling services with *Birch Cove Counselling*. You have the right to withdraw this consent to service at any time.** Thank you. I look forward to working with you.

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CLIENT NAME  
(please print)

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CLIENT NAME  
(please print)

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Client Signature

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Client Signature

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Date

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Date

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CLIENT NAME  
(IF CLIENT IS UNDER 18)  
(please print)

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Chantelle Carrier, RSW  
Registered Social Worker

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Name of Legal Guardian  
(please print)

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Date

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Signature of Legal Guardian

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Date