

Note on Cancellation Policy: If cancelling an appointment is necessary, please do so at least 24 hours port to the scheduled appointment. If the clients arrives late to a session, this will shorten the session span. Your therapist will not be able to adjust the session due for time missed. Missed appointments for which I am not privy to, will be subject to a \$160 service charge. Methods for cancelling appointment are by email only.

Fees: Counselling, and related service fees are \$80.00 for 50 minute per child, \$180.00 for 50 minute individual sessions, \$330.00 for 50 minute each couple, and \$450.00 for family sessions held with a Therapist. Longer sessions may be available at an adjusted fee. Some insurance plans or Employee Assistance Programs (EAP) may cover a portion of the counselling and therapy services provided by Samantha. It is the responsibility of the client to contact their insurance provider to determine if Samantha's services are covered. If applicable, the client can apply directly to their insurance company for reimbursement.

Note on Insurance: Arise Mental Health (AMH) does not offer direct billing to insurance, thus clients are expected to make their payments at the start of every session and will receive an invoice at the beginning of each session and a receipt once payment is received by AMH that can be used for insurance *reimbursement*, income tax preparation, or financial records. Please be advised that accounts that are in arrears for more than ****60 days**** may be sent for collections.

Confidentiality: Professional ethics require therapists to maintain confidentiality except for the following situations:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse
2. A situation in which serious threat to a reasonably well-identified victim communicated to the therapist
3. When threat to injure or kill oneself is communicated to the therapist
4. If you are required to sign and release confidential information by your medical medical insurance
5. If you are required to sign and release for therapy records if you are involved in litigation or other matters with private or public agencies.
6. Clients being seen in couple, family and group work are obligated legally to respect the confidentiality of others.
7. I may at times speak with professional colleagues about our work without asking permission, but your identity will be disguised
8. Clients under 18 do not have full confidentiality from their parents
9. It is important to be aware of other potential limits to confidentiality that include the following:
 1. All records as well as notes on sessions and phone class can be subject to court subpoena under certain extreme circumstances. Most record are stored in locked files but some are stored in secured electronic devices.
 2. Cell phones, portable phones, faxes and emails are used on some occasions
 3. All electronic communication compromised your confidentiality

Availability: The therapist is available for regularly scheduled appointment times. Dates and vacations and their exceptions will be given out in advance if possible. Telephone appointment times can be made by calling the office number during regular office hours.

Termination of Treatment: The therapist may terminate treatment if payment is not timely if perceptions are not filled (such as seeking consultation, refraining from dangerous practices, coming to sessions sober, etc.), or if some dilemmas emerges that is not within the scope of competence of the therapist. The usual minimum termination for an ongoing treatment process is four to ten sessions but satisfying termination to long term work may take a number of months. Clients have the right to refuse or discontinue service at any time and complaints can be addressed to the Ontario College of Social Workers and Social Service Workers.

Agreement for Counselling Consultation: I have read this informed consent completely and have raised any questions I might about it with my therapist. I have received full satisfactory response and agree to the provisions freely and without reservations. I understand that my therapist is responsible for maintaining all professional standards set forth in the ethical principles of his/her professional associations governing the practice of counselling/ psychotherapy and that he/she is liable for infractions of those standards. I understand that I will be fully responsible for any and all legal cost arising as a result of my contact with my therapist, including appropriate compensation for her time involved. I understand that therapist from time to time makes teaching and research contributions using disguised client material. By consenting to treatment I am giving consent to this process of professional contribution and the right to use disguised material without financial remuneration.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Legal Parent or Guardian Signature _____ Date _____

Contact Name: _____ Relationship to you: _____

Phone: _____ Address: _____

Second Contact Name: _____ Relationship: _____

Phone: _____ Address: _____

Statement of the Therapist

This document was discussed with the client and questions regarding fees, diagnosis, and treatment plan were discussed. An assessments of the clients mental capacity and found the client capable of giving an informed consent at this time.

Date _____ Initial of Therapist _____.