

Informed Consent for Services

Psychotherapy Service

Participation in therapy includes both risks and benefits. Since therapy involves discussing unpleasant aspects of our life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has been shown to have benefits for people who go through it. Therapy can lead to better relationships, learning new ways to cope with or solve problems, developing new skills, significant reduction in feelings of distress, changing unwanted behaviours, and improved self-esteem. Therapy cannot be guaranteed, and effectiveness of treatment depends on a variety of factors, including client's level of participation and effort. Therapy is a process of personal exploration and may lead to major changes in life perspectives and decisions. Together we will work to achieve the best possible results for you.

Client Rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I have decided that specific strategy, and I look at alternatives that might work better. With that said, clients should be aware that they have options for treatment, including no treatment at all. Attending therapy is voluntary, and client may end treatment at any time. If you decide to leave therapy, I recommend that you participate in a termination session.

Parental Involvement for Minor Clients:

When a minor (18) is the client, parents/guardians may be requested to participate in treatment through family sessions or parenting sessions. A parent/guardian is required to remain on-site during all individual sessions of a minor client. Parents have a legal right to request information and records about their child's treatment; however, privacy allows children and adolescents to better benefit from the therapy process as they can more openly express themselves. By consenting to services with me, you are agreeing that I may hold your child's therapy disclosures confidential. I will inform parents of any significant safety concerns that the minor may disclose and the child has consented to.

Information revealed by you during therapy sessions will be kept strictly confidential and will not be revealed to any other person or agency without your written permission, with the following exceptions:

- Duty to Warn. If an individual intends to take harmful, dangerous, or criminal action against another human being, or against him/herself, it is the therapist's duty to warn appropriate individuals or agencies of such intentions. Also, any actual or suspected acts of child, elder or disabled person abuse (including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse) will need to be reported to the appropriate agencies by the therapist.
- *Court Subpoenas*'. When lawyers believe that a client's therapist may have valuable information for their case, they will subpoena his/her notes, records, and in some instances, even the therapist themselves. In general, once a subpoena is served to a therapist, it must be obeyed, or the therapist can be charged with contempt.
- Limits of Confidentiality. "In clinical practice, it should be noted that the need for sharing pertinent information with supervisors, allied professionals, paraprofessionals, administrative co-workers, social work or social service work students, volunteers, and appropriate accreditation bodies.



(According OCSWSSW Code of Ethics and Standards of Practice, sections 5.1.3 & 5.4)*

- *Consultation*, meaning speaking with colleagues or other therapist or social work professionals who has expertise to solve a specific problem.
- *Supervision*, meaning that the names of the clients will be revealed but held in professional confidence for the purpose of ongoing training, to without revealing your identity for the purpose to discuss cases for and with other therapist professionals and or supervisors for consultation and providing you with the best possible service.
- *Administrative*, *Students*, *Volunteers*, or anyone in the capacity of administrative and clerical duties. All hired are bound by confidentiality.
- Social Workers/Therapist's are bound by law to report a colleague to the Ontario College of Social Workers and Social Services Workers for professional misconduct.
- Social Workers/ Therapist's are required to defend themselves against a complaint filed with the Ontario College of Social Workers and Social Services Workers.
- Principle V: Confidentiality OCSWSSW * Reference

Fee

The standard fee for a face-to-face 50-minute session is \$175. Couple & Family therapy is 1.5 – 2 hours (\$200-300). Payment is due and payable at the time of service. Payment is accepted by credit, or etransfer. There is a \$25 charge for NSF cheques. Invoicing is available for third-party payers. Fees for additional services such as documentation, attending meetings, providing consultation, or phone calls longer than 25 minutes, fee will be higher, and this fee will be stated at the outset of our service together, and at the discretion of the therapist. Fees are reviewed annually and are subject to change at anytime. Professional fees are set in accordance with the recommended fee range for Social Workers and Therapists in private practice established by the Ontario Association of Social Workers and Social Services Workers. The clinical service provided by a Social Worker is HST exempt.

Cancellation Notice

All cancellations of appointments should be made 24 hours in advance, via email or voicemail as early as possible. If the cancellation is not made in advance, the client is subject to a full session fee.

Online & Phone Therapy and Limitations

I understand that online and phone therapy includes the practice of health care delivery, consultation, treatment, and education using interactive audio and video communication. I understand that discussing my presenting concerns may cause discomfort as difficult issues are addressed and worked through. I understand that phone and online sessions have limitations compared to in-person sessions, among those being the lack of "personal" face-to-face interaction, the lack of visual and audio cues in the therapy process. I understand that neither I, nor the therapist, are permitted to record each session.

I understand online & phone therapy is not appropriate if I am experiencing a crisis or having suicidal or homicidal thoughts. Should crisis occur, I agree to call 911, go to the nearest emergency room, or contact a crisis hotline (Talk Suicide Canada – 1-833-456-4566, York Region Crisis Support Network -1-855-310COPE, Distress Centers of Greater Toronto – 416-408-4357 or Peel 905-459-7777, Distress Center Durham -1-800-452-0688).



Procedure for Technical Difficulties or Internet Disruptions

As a client of Marsha L. Hibbert Social Work Professional Corporation (Compose Therapy & Wellness), I understand that online & phone therapy is technical in nature and the problems with the internet may occur. If something beyond our control disrupts the connectivity of our session, the therapist will immediately attempt to re-launch the virtual call or phone the client. If the video call is repeatedly unsuccessful for 10-15 minutes, sessions will be completed via phone call or rescheduled.

Termination of Services

During the intake and first (3 sessions), the therapist will assess if online therapy is of benefit to me and my needs. The therapist will use their best judgment to determine if online or phone therapy is of benefit to me and for providing me psychotherapy services. If online or phone therapy is deemed inappropriate, the therapist will provide me with the number of referrals in my area.

Confidentiality − Virtual & Phone Therapy

Online & Phone therapy utilizes the internet for the transmission of personal information I understand the therapist cannot guarantee confidentiality of the personal information I provide via this form of communication. However, any information that I provide to the therapist will subsequently remain confidential and will not be given to a third party unless I give specific permission to release the information, or the therapist is required to do by law. The issue of confidentiality is further governed by both law and ethics. By law I hold the privilege of confidentiality and the therapist will not release any information at anyone without my written permission, or court order. There are some expectations to my rights under the law. Examples include, but are not limited to, when the therapist has reasonable cause to believe that I am a danger to myself or another person. The therapist is also required by law to report any information about or reasonable suspicion of sexual, physical or emotional abuse of minors to Child Protection Agencies (ie; CAS). I understand that if I have any concerns regarding confidentiality issues, I should speak with my therapist about these and other exceptions to the confidentiality privilege and their responsibilities concerning them.

Acknowledgement and Consent

By signing this form, you understand that at least 24 hours notice needs to be given to change or cancel an appointment. You agree to participate in the therapy process with Marsha L. Hibbert Founder of Marsha L. Hibbert Social Work Professional Corporation (Compose Therapy & Wellness) and you understand that the therapy process is collaborative. You also understand that information you share is confidential and you understand the limits of confidentiality.

Upon signing below, you are indicating that you have read and understood this consent form and that			
any questions you had about this consent form were answe	,		
provided a copy of this document. You agree to accept the	therapy services offered here.		
	_		
I have read, understand, and agree to the information on th	is form.		
Client Signature (over 18 or Parental signature for child):	Print Name:		
Date:			



Child's Name (if under 18)	DOB:	
Name(s) of Legal Parent(s) or Guardian (s)	
Parent's / Legal Guardian's DOB		
Phone Number:		_
Address:		
Parent's Signature	Date:	-
Therapist Signature:	Date:	_

*Marsha L. Hibbert is registered with the Ontario College of Social Workers and Social Services Workers #802001, and all services are HST exempt. Marsha L. Hibbert is recognized as an individual who provides mental health related social services.

Newmarket office address – 465 Davis Drive, Suite #302A, Newmarket, Ontario, L3Y 7T9

Head Office – Richmond Hill, Ontario, L4E 4M8