



## CONSENT FOR SERVICES

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 I encourage you to advise me if these should arise. If you have any concerns please discuss these with me if you can either directly or in writing. I am a member of the College of Social Workers and Social Service Workers in Ontario.

All sessions with me, (Polly Sidher, M.S.W. and R.S.W.) and the information discussed in these sessions are confidential. That is, the content 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:

- If you are in, or appear to be in imminent danger of doing serious harm to yourself or another person. I am legally mandated to intervene (e.g., to call a member of your family, the police and/or the potential victim).
- If I as your therapist have 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.
- If there is a court order or summons presented to myself for court attendance and/or for a production of your records.
- If you reveal that you have been abused by another helping service professional (e.g., physician, psychologist, nurse, chiropractor, dentist, etc.), I am again required to report the information to that professional's regulating body (e.g., College of Physicians and Surgeons, etc.)
- If you have given me verbal permission to inform your parent, partner or a loved one of the attendance of your sessions for the sole purpose of payment.

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## 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 I can answer your call or if an emergency appointment can be arranged.

If your concern is of an urgent nature and 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 for in-person services is between \$150.00 and \$180.00 per hour (depending on your consultation and assessment needs). And the fee for Online Counselling and Therapy Services is \$180.00. 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, cheque or e-Transfer). However, if this is an online counselling and therapy contract: fee payments are expected to be completed via PayPal or e-Transfer twenty four to forty-eight hours prior to your session.

**Cancellation Policy:** Clients are expected to attend all scheduled appointments. There is a charge of \$90.00 for the first missed appointment of less than 24 hours' notice. Additional missed sessions or last minute cancellations will result in your full session billing.

However, an exception may be applied towards your first cancelled and/or missed appointments only. This is only applicable if you suffered from a serious, unplanned and life-threatening event requiring you to cancel or miss your session. In this case, a family physician's or attending emergency hospital doctor's note will also be required).

**Missed Appointments:** For the first missed appointment you are billed \$90.00; second and further missed appointments are billed according to your full session amount. The exception discussed above is also applicable towards missed appointments.

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## 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, I 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 Moksha Counselling, Therapy & Consulting 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.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

DATE: \_\_\_\_\_