

Informed Consent for Counselling Services

I, _____ (print name) confirm Ivonne Hammoud, MSW, RSW will be providing counselling services to me, which may also include Assessment, Treatment and Evaluation Services.

I have been informed and understand that the aforementioned services are being provided to me, subject to the terms and conditions of this agreement.

Confidentiality

Confidentiality is strictly maintained whenever possible. Please note however, The Natural Way is a multi-disciplinarian environment, in the event that you are being served by other practitioners within the clinic, your case information may be shared on a consultation basis amongst relevant team members in an effort to serve you better. If you would not want your case information discussed with our other team members please indicate so.

- Yes, my case information may be discussed between relevant members of The Natural Way Health Care Team for the purpose of consultation.**
- No, my case information cannot be discussed for the purpose of consultation.**
- Yes my case information may be discussed with the following exceptions:**

There are also some situations in which confidentiality may not be guaranteed:

1. It is against the law to maintain confidentiality in situations where child abuse is disclosed and/or there is reason to believe child abuse is occurring. It is required by law that these cases be reported to the authorities. Your practitioner will however, be prepared to assist you through any resultant investigation.
2. If you divulge that you intend to kill or harm yourself or others, confidentiality will not be maintained. Thoughts of such things will not be disclosed when in the professional opinion there is no indication of imminent intent.
3. If your file is subpoenaed to court, all information in the file is subject to review by the court and its representatives. In addition, anything added to your file, such as writing exercises

suggested, once transferred becomes part of the file and by law, and can not be returned. In cases where the file is subpoenaed, this information must accompany the file.

4. Non-identifying client case information may be provided to another social work practitioner, for the purpose of consultation, on an on-going basis in an effort to serve you better. In this incidence, your identity will remain confidential, only details of your situation will be disclosed.

Access and Disclosure

Please be advised that your client record remains the property of The Natural Way Health Clinic. If you request it, you may have reasonable, supervised access to your file. Certain segments of your file may be restricted if it is of the professional opinion that access to these portions of the file could be detrimental to the patient. If access is refused, you will be advised of professional reasoning for the purpose of discussion. In the event, that supervised access to your file has been granted, and you do not agree with some aspects of case recording, a statement of your perspective of events may be signed and added to the official record, however it is against the law to alter any official record.

Benefits and Risks of Counselling

Counselling is intended to assist you with your specific goal. During the process, you may gain insight, understanding and awareness; find solutions to problems; experience changes in your life, mood, or behavior; and revisit or revise personal goals or values. Counselling often allows painful thoughts, memories and experiences to surface. Some clients may feel worse before they feel better. Together, I can help you decide what issues you want to work on, how to treat them and how you measure success in that area of your life.

The Natural Way does not offer immediate crisis-response counselling. If a crisis arises in between counselling sessions, please contact local emergency services, or Here 24/7 at 1-844-HERE247 (1-844-437-3247) if you are in the Waterloo Region.

Fees for Counselling Services

Individual 50 minutes - \$150 Couples/Family - \$150

Payment is required at the time services are rendered. If for any reason, you cannot keep your financial agreement, please inform us immediately to prevent any misunderstandings. If you have the desire to receive care at our office, **and you do not have benefit coverage for counselling, we will attempt to make counselling affordable.** Cash, cheque and interact e-transfers are accepted.

Cancellation Policy

Our goal is to provide quality care in a timely manner. To best serve you, we do provide a reminder phone call or email the day prior to your appointment. We also implement a 24 hour appointment cancellation policy. This policy enables us to better utilize available appointments for patients in need of care. If you are unable to attend an appointment please call 519-772-2116 to cancel. If you do not reach the receptionist you may leave a detailed message on the voice mail system. Cancellations made via e-mail will not be accepted. Late Cancellations will be considered as missed appointments and will be subject to the cost of the session.

Clinic Hours

The Clinic will be open:

Monday and Wednesday 9:00am-8:00pm

Tuesday, Thursday, Friday 9:00am-5:00pm

Our Integrative Approach

As a multidisciplinary clinic, The Natural Way has a variety of services available to our patients. Our practitioners strive to work together as a team, to enhance the benefits of an integrative approach and provide our patients with the most holistic possible care.

At The Natural Way, we recognize that using a single modality or style of service, does not always provide the complete answer to whole body healing. Our team of clinic Doctors and Practitioners can communicate and work together on your behalf in an effort to combine complimentary services in an effective way.

Please indicate (☒) if you would like more information on any of following services and/or programs offer by The Natural Way Health Clinic:

<input type="checkbox"/> Naturopathic Medicine	<input type="checkbox"/> Detox Program	<input type="checkbox"/> Acupuncture
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Orthotics	<input type="checkbox"/> Infrared Sauna
<input type="checkbox"/> B12 injections	<input type="checkbox"/> No More BUTTS –Smoking Cessation	<input type="checkbox"/> Find Your ThINNER Self – weight loss program
<input type="checkbox"/> Registered Massage Therapy	<input type="checkbox"/> Positive Pregnancy Program	

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(T) 519-772-2116
(F) 866-731-5603
www.thenaturalwayclinic.com

Client's Acknowledgment:

I have read and fully understand the agreement and voluntarily consent to therapeutic procedures mentioned above. I understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form.

I understand that I am free to withdraw my consent and discontinue participation in these procedures at any time.

I understand and agree with the fees for Counselling Services and the consequences of improperly cancelled or missed appointments which includes a \$150 fee (individuals) \$150 fee (couples/families).

Name of Patient or Guardian: _____

Signature: _____ Date: _____

Ivonne Hammoud MSW, RSW

Signature: _____ Date: _____

Permission to Communicate -Insurance Provider

I, _____ authorize the Natural Way Health Clinic and Ivonne Hammoud to communicate with _____ (insurance provider) in reference to treatments received, the date of treatments and / or any cost associated with these treatments.

Signature: _____

Date: _____