

Informed Consent for Counselling

I, _____ (print name) confirm that Kathryn Jones, MSW, RSW will be providing counselling service to me, which includes assessment, treatment and evaluation. I understand that the aforementioned services being provided to me are subject to the terms and conditions of this agreement.

Confidentiality

Confidentiality is strictly maintained whenever possible, however, there are also some situations in which confidentiality cannot 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. If you disclose that anyone under age 18 is being abused, or is at risk of being abuse, it is required by law that this information be reported to the authorities. Your practitioner will be prepared to assist you through any resultant investigation.
2. If you say that you intend to kill or harm yourself or others, confidentiality will not be maintained. Health practitioners are obligated to ensure the safety of their clients and the public. Thoughts of suicide, homicide or violence will not be disclosed if your practitioner's assessment concludes that 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. Your file includes: Session notes made by your counselor; assessments; written activities which you completed in session; forms you have completed; and any other documents related to your case. The law states all documents contained in your file cannot be returned after your file has been transferred. In cases where the file is subpoenaed, your file must be submitted.
4. Non-identifying client case information may be provided to another social work practitioner, for the purpose of supervision and 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.
5. Disclosure of abuse by another counsellor or health practitioner must be reported to prevent risk to public safety.

Fees for Counselling

50 minutes - \$150

Cash, cheque and interact e-transfers are accepted. Payment is required at the time services are rendered. Please note, if you use e-transfer as your method of payment, the

transfer must be sent immediately after the appointment, while you are in the office.
Receipts are not provided until payment has been received.

If financial barriers are preventing you from accessing service please contact the counselor to discuss sliding scale options.

Cancellation Policy

Our goal is to provide quality care in a timely manner. If you need to cancel your appointment, we require 24 hours notice of your cancellation. The fee of \$100 is charged for missed appointments and cancellations with <24 hours notice. Your counselor will consider waiving in the event of illness or emergency. 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 519-465-4481 or email kjonesmswrsw@gmail.com to cancel.

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. As a result, some clients may feel worse before they feel better. Your counselor can help you decide a) what issues you want to work on, b) how to treat those issues and c) how to measure your growth. 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.

Please be aware that your counsellor does not provide phone or email support in between session. If you call or email your counselor, your concern will be responded to within 48 hours (weekends excluded).

Clinic Hours

The Clinic will be open:

Monday to Friday 9:00am-5:00pm

Monday Evenings 5:00pm-8:00pm

Wednesday Evenings 5:00pm-8:00pm

Our Integrative Approach

Please note, 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:**

Client's Acknowledgment:

I have read and fully understand the agreement and I 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 a) the fees for Counseling Services and b) the consequences of improperly cancelled or missed appointments, which includes a \$100 fee.

Name of client: _____

Signature: _____ Date: _____

**Kathryn Jones MSW, RSW
Counsellor**

Signature: _____ Date: _____

Permission to Communicate with Insurance Provider

If my insurance provider contacts The Natural Way Clinic regarding I claim I have made for counselling services, I, _____ authorize the Natural Way Health Clinic and Kathryn Jones to inform _____ (insurance provider, i.e., Sun Life) that I attended counselling appointments with Kathryn; the date of treatments; and / or any cost associated with these treatments.

Signature: _____

Date: _____