

Confidentiality and Informed Consent for Services

As you consider entering into a counselling/psychotherapy contract with us, it is important that we have a shared understanding about psychotherapy and the conditions we agree upon.

Kathy Lloyd is a registered Psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO, Registration Number: 002047). She is also a Senior Accredited Psychotherapist with the British Association of Counselling and Psychotherapy.

Lara Longo is a registered Social Worker with the Ontario College of Social Workers and Social Service Workers (OCSWSSW, Registration Number: 852618). She is also a member of the Ontario Association of Social Workers (OASW), EMDR Canada, EMDRIA and the Canadian Art Therapy Association.

As counsellors/psychotherapists, we have an ethical responsibility to protect your confidentiality. That means that what we discuss in your sessions is not shared with anyone else. This is sacred to the psychotherapy process. There are however important exceptions to confidentiality, where information could be released without your consent, this happens if:

- We believe that you could be a risk or a danger to yourself or others
- We have received information leading us to suspect that a child may be at risk of being abused or neglected
- We are given information that a health care professional has sexually abused you
- Records are subpoenaed by a court of law

We believe in transparency with you and this is also the law, as such, you are allowed to have access to your files or any written information about you.

We will speak to a third party (i.e. family doctor) on your behalf if you would find that helpful. However we will only do that if you communicate this request in writing.

If you are a private client without insurance benefits, you will pay Kathy or Lara directly. We will issue receipts to you. You are responsible for the payment of your therapy.

We also see clients through Employment Assistance Plans (EAP) and Employment Family Assistance Plans (EFAP). Your sessions are paid directly by your funding organization. If you are First Nation and have a status card, we are able to apply for funding for your therapy through FNIHB (First Nation and Inuit Health Board Benefits) through the Federal Government. If you had family member/members who were in Residential Schools there is also extended funding for your therapy.



Anam Cara Counselling

976 2nd Avenue West, Owen Sound, Ontario N4K 4M7

As registered professionals, we are accountable to you and to our respective colleges/regulatory bodies. If you have any complaints about our services, you are invited to let our respective college know your concerns. We are always interested to know your feelings and encourage dialogue should we have let you down in any way.

We also want you to know that although there can be many benefits to counseling/psychotherapy, it can also be a difficult process that leads to the opening up of emotional pain. This can disrupt your relationships and daily activities. As we *'walk alongside you'* in your therapy journey, we will be very mindful and careful that your therapy is helpful and not unnecessarily hurtful. Entering into psychotherapy is an important decision and considering the timing and the quality of your connection with your therapist is essential. We encourage you to discuss your concerns with us, should any arise at any time.

As psychotherapists in private practice, we book sessions in advance which includes time for assessment and client needs. We do not offer crisis response. If you require immediate support dial 911 or go to the nearest emergency department.

We understand that things come up, and choices need to be made which can change your schedules. We respectfully request 48 hours notice to cancel or reschedule your session. Charges apply to sessions cancelled within 24 hours.

I have read and understand the above Confidentiality and Informed Consent statement, I hereby consent to counselling/psychotherapy services.

Client Name: _____ Date: _____

Client Signature: _____ Date of Birth: _____

Witnessed By: _____

I consent to email/text/ online video conferencing and/or phone communication or sessions with Kathy/Lara.

Client Name: _____ Date: _____

Client Signature: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Witnessed By: _____