**Informed Consent**

Welcome to my private practice. This document contains important information about my professional services and business policies. Please read it carefully and make note of any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

**Psychotherapy**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client as well as the particular problems you bring forward. Psychotherapy is not like a medical doctor visit. Instead, it requires a very active effort on your part. In order for the therapy to be most successful, you have to actively work on things we talk about during our sessions and at home.

Psychotherapy can have risks and benefits. Since psychotherapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, I cannot guarantee a particular outcome.

Our first session will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about therapy, we should discuss them whenever they arise.

**Sessions**

Each session is 50-minutes in duration. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If you cancel with less than 24 hours notice, I will charge a cancellation fee. My cancellation fee is $50.00

**Fees**

My fee is $100.00 per 50-minute session.

**Billing and Payment**

You will be expected to pay for each session at the time it is held unless we agree otherwise. I accept cash, personal cheque, or email money transfer.

If you have a health insurance policy, it may provide coverage for the services of a Registered Clinical Social Worker (RCSW). I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees.

**Contacting me**

I am often not immediately available by telephone. I do not have specified call-in hours. When I am unavailable, you may leave me a message on my confidential voice mail. I monitor it frequently. I will make every effort to return your call as soon as possible. If you are unable to reach me and you can’t wait for me to return your call, contact your family physician or visit the nearest emergency room.

**Professional Records**

The laws and standards for Social Work practice in BC require that I keep treatment records. I maintain your treatment record to help guide your assessment, diagnosis, and treatment. You are entitled to receive a copy of your records or I can prepare a summary for you. I am required to keep the treatment record for seven years after the date of the last entry in the record. For clients under the age of 19, I am required to keep your treatment record for seven years after you reach the age of majority (19). Your treatment record will be stored in a location secured by lock and key. You may request a copy of your records. To request a copy of your records, I ask that you complete an authorization to release information form. This form is available on my website ([www.rjtherapy.net](http://www.rjtherapy.net)). Please note that it may take up to 30 days to respond to a request to release information.

For more information about my compliancy with Personal Information and Protection Act (PIPA), please request a copy of my PIPA policies and procedures.

**Treatment**

If at any time during the course of your treatment I determine I cannot continue, I will stop treatment and explain why this is necessary. Ideally, therapy ends when we agree your treatment goals have been achieved.

Additional conditions of treatment include:

1. You have the right to stop treatment at any time. If you make this choice, I will provide referrals to other therapists.
2. Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit.
3. If you are meeting with another therapist, you must first stop treatment with that therapist before I can begin providing services. If you remain in therapy with someone else and this becomes apparent after we begin, I am ethically required to stop your treatment.

Your signature below indicates that you have read the information in this form and agree to abide by its terms during our professional relationship.

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_