



# Heart N' Soul Counselling

Journey to your heart and you will find your truth

## CONSENT TO SERVICES FORM

### **Important Information for Clients**

As your Counselor / Life Coach, I would like to welcome you. I greatly appreciate the opportunity to assist you on your healing journey. In our work together, I am committed to holding a safe space where I will listen with openness, without judgment and give gentle guidance, encouragement and feedback. I will seldom give advice as my role is to empower you to find your own answers through asking the right questions of yourself and taking conscious action from those realizations. To optimize the effectiveness of therapy, I recommend beginning a journal, if you have not done so already, as it will aid you in the journey towards discovering the Self.

I would also like your informed consent for the services provided. I would like you to understand what the service entails, the cost involved, and what I do with the personal information I obtain about you. *If you have any questions about any of this, please do not hesitate to ask.*

### **Consent for Psychotherapeutic Services**

This form is to document that I/we, \_\_\_\_\_ give permission and consent to Linda Hovanessian., who is a Registered Psychotherapist and a certified member of The College of Psychotherapists of Ontario, #1545, to provide psychotherapeutic consultation, assessment, and/or treatment to me/us and/or my child \_\_\_\_\_. *I understand that I/we have the right to withdraw consent for psychotherapeutic services at any time.*

I/we understand that psychotherapy entails both benefits and certain risks, and that there is no guarantee that psychotherapy will be successful. I understand that it is important that I mention promptly any concerns or questions I have at any time during the process of therapy.

### **Insurance Coverage**

Psychotherapeutic services are *not covered* by O.H.I.P., but are sometimes partially or fully covered by some extended health insurance/ benefit plans (e.g., Blue Cross etc.). Various plans differ, so please check with yours regarding coverage and claim procedures.

### **Payment for Services & Fees**

I agree to pay for all psychotherapeutic consultation and counselling/ psychotherapy services provided to me at the rate of \$170 per session. The usual couple's session is 75 minutes. I agree to pay *in full at the end of each session.*

Fees may vary according to the time and nature of the service(s) involved (e.g. report writing will be billed at your regular appointment fee; telephone conversations in excess of 10 minutes will be billed at your regular appointment fee, in quarter hour increments; and consultation with other professionals will be billed at your regular appointment fee, in quarter hour increments) and you will be advised in advance if any changes are made to the fee. All fees charged follow the guidelines set by the C.R.P.O. for psychological consultation and counselling. Generally, clients pay for their sessions at the end of each session. In this way, the account remains manageable and counselling becomes a naturally budgeted expense. Fees may be paid by cash, cheque or major credit card. A surcharge of \$25.00 will apply to all N.S.F. cheques.

Your extended health insurance benefit plan may provide you reimbursement for psychotherapeutic/ counselling services. You will be given a receipt for each payment, which you should retain for income tax or other claim purposes.

### **Cancelled or Missed Appointments**

In order to maximize the effectiveness of psychotherapeutic services, clients should make counselling a high priority and should not cancel sessions except in cases of emergency. ***Session fees will be applied for missed and/or scheduled appointments cancelled less than 24 hours in advance.***



# Heart N' Soul Counselling

Journey to your heart and you will find your truth

## **Confidentiality and the Limits of Confidentiality**

Confidentiality is respected at all times. No information will be communicated directly or indirectly, to a third party without your informed and written consent. Exceptions to confidentiality include the legal and/or ethical obligations to:

- Inform a potential victim of violence of a client's intention to harm
- Inform an appropriate family member, health care professional, or police if necessary of a client's intention to end his or her life
- Release a client's file if there is a court order to do so
- Inform the Children's Aid Society if there is suspicion of a child being at risk or in need of protection due to neglect, or physical, sexual, or emotional abuse
- Report a health professional who has sexually abused a client to the professional's regulatory College
- If the College of Registered Psychotherapists of Ontario requests disclosure for the purpose of administration or enforcement of the Regulated Health Professions Act, 1991.

## **Privacy of Personal Information**

I understand that in order for Linda Hovanessian R.P. to provide me with psychotherapeutic services, some personal information will be collected about me (e.g., name, address, telephone number, health history, and social situation) in order to help assess what my needs are. This information will then be used to advise me of my treatment options and to help me receive the treatment that I choose. I understand that I have the right to review and the right to a copy of my personal information, barring a few exceptions. I agree to Linda Hovanessian R.P. collecting, using and disclosing personal information about me as set out in the Privacy Policy.

You are entitled to view a copy of your records or request corrections. Your files will be kept for 10 years after your last appointment. You have a right to safe, effective and ethical care. You have a right to file a complaint with the College of Registered Psychotherapists of Ontario (CRPO) 416-862-4778 Director, Professional Conduct, 1-888-661-4801 General toll-free line. I understand that my file may be reviewed by the CRPO as part of their Quality Assurance Program.

## **Legal Issues and Emergencies**

It is our policy not to participate in client's legal actions such as custody suits, divorce proceedings, personal injury suits, etc. If you are considering or are involved in such actions I will refer you to a mental health professional that is experienced in legal matters.

Emergency services are not available. In the case of an emergency, clients should dial 911, contact their Family Practitioner, or go to the Emergency Department of any hospital.

## **Informed Consent**

I have read and understood the information presented in this document, and hereby consent to psychotherapeutic treatment.

I understand how the Privacy Policy applies to me and have been given a chance to ask any questions I have about the privacy policies and practices and they have been answered to my satisfaction. I agree to Linda Hovanessian R.P. collecting, using, and disclosing personal information about me as set out above.

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_



# Heart N' Soul Counselling

Journey to your heart and you will find your truth

## Client Information

Today's Date: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Birth date: D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone:  Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

Email: \_\_\_\_\_ (Please  where you wish to be contacted)

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

---

### Were you referred by a Health Care Practitioner?

Name and designation of Practitioner \_\_\_\_\_ Tel: \_\_\_\_\_

**Reason for referral:** \_\_\_\_\_

**Did you find us online?**  **Friend Referred**  Whom shall we thank? \_\_\_\_\_

Please answer the following questions:

1. Are you currently taking any medications? Please list (anti-depressants, mood altering, sleeping aids) \_\_\_\_\_

If yes, for how long? \_\_\_\_\_ Dosage? \_\_\_\_\_

2. Have you ever been hospitalized for mental illness? \_\_\_\_\_

3. Have you ever or are you currently seeing a psychotherapist/ psychologist/ psychiatrist/ counsellor? \_\_\_\_\_

4. Is there any **family** history for the following: (Check all that apply)

- Depression
- Bi-Polar
- Schizophrenia
- Alzheimer's
- Dementia
- Attention Deficit Disorder (ADD/ ADHD)
- Eating Disorders
- Alcoholism
- Suicide
- Post Partum
- Abuse (Physical/ Sexual/ Emotional)
- Other \_\_\_\_\_

5. What is your general health status? \_\_\_\_\_ Please list any illnesses or major injuries. \_\_\_\_\_

6. What are your goals for the psychotherapy process? \_\_\_\_\_

\_\_\_\_\_



# Heart N' Soul Counselling

Journey to your heart and you will find your truth

## Client Information

Today's Date: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Birth date: D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone:  Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

Email: \_\_\_\_\_ (Please  where you wish to be contacted)

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

---

### Were you referred by a Health Care Practitioner?

Name and designation of Practitioner \_\_\_\_\_ Tel: \_\_\_\_\_

**Reason for referral:** \_\_\_\_\_

**Did you find us online?**  **Friend Referred**  Whom shall we thank? \_\_\_\_\_

Please answer the following questions:

1. Are you currently taking any medications? Please list (anti-depressants, mood altering, sleeping aids) \_\_\_\_\_

If yes, for how long? \_\_\_\_\_ Dosage? \_\_\_\_\_

2. Have you ever been hospitalized for mental illness? \_\_\_\_\_

3. Have you ever or are you currently seeing a psychotherapist/ psychologist/ psychiatrist/ counsellor? \_\_\_\_\_

4. Is there any **family** history for the following: (Check all that apply)

- Depression
- Bi-Polar
- Schizophrenia
- Alzheimer's
- Dementia
- Attention Deficit Disorder (ADD/ ADHD)
- Eating Disorders
- Alcoholism
- Suicide
- Post Partum
- Abuse (Physical/ Sexual/ Emotional)
- Other \_\_\_\_\_

5. What is your general health status? \_\_\_\_\_ Please list any illnesses or major injuries. \_\_\_\_\_

6. What are your goals for the psychotherapy process? \_\_\_\_\_

\_\_\_\_\_