MARIA CHIRU, M.A. IN COUNSELLING PSYCHOLOGY

REGISTERED PSYCHOTHERAPIST, COLLEGE OF REGISTERED PSYCHOTHERAPISTS OF ONTARIO

Clinical supervision is provided by Bita Sharifzadeh, C. Psych., Ph.D., CPO #5333

INTAKE FORM & GENERAL INFORMATION

Welcome to my practice. Please review the following information regarding confidentiality, visits, and fees, and sign the informed consent to treatment.

CONFIDENTIALITY

The information you share with a psychotherapist is confidential. This means that we will neither disclose to anyone that you are in therapy nor what is discussed in therapy without your permission. **If you want us to share any information with another professional, you will be asked to sign a form giving permission to do so.**

There are some legal exceptions to client confidentiality. If there is clear intention on your part to do serious harm to yourself or to someone else, a psychotherapist has an ethical obligation to share that information appropriately to prevent any harm from occurring.

- There is a legal obligation to inform the Children's Aid Society if a client is placing a child at risk for sexual or physical abuse.

- If the client is a health professional who is abusing or has sexually abused a client/patient, this must be reported to his or her regulatory body.

- Finally, a court of law could subpoena your records but usually the judge is satisfied with a letter from the psychotherapist. Such a letter would be discussed with you before it would be sent to a judge.

If your therapist requires supervision by Dr. Bita, clinical psychologist, CPO#5333, for training purposes, you consent for your therapist to be supervised by Dr. Bita (which involves some degree of disclosure). You understand that you can request a meeting with Dr. Bita, if you wish to do so she can be reached at director@clinicdrbita.com.

You understand that the information shared with your therapist including, but not limited to, formal psychological reports, evaluations, assessments, tests shall remain confidential and will not be disclosed to anyone, except if needed by Dr. Bita, without your explicit written consent unless one of the following situations arise: risk of harm to you, your child, or any other individual, subpoena/court order, demanding disclosure, evidence that the security and development of a child (or vulnerable adult) has been abused or is in danger of abuse.

VISITS AND FEES POLICY

Consultation and therapy visit last about 50 minutes. Sessions with couples and families may at times be 90 minutes in length.

Psychotherapy typically involves weekly meetings; however, this may vary depending on the nature of your problem and individual needs. Psychological testing fees are variable and will be discussed with you if testing is recommended. Special services such as written reports, school or hospital visits are billed at the hourly rate. The fees charged here are in accordance with the guidelines set by provincial regulatory bodies. **Fees are due at the time of service.** This way, the account remains manageable, and psychotherapy becomes a naturally budgeted expense.

Payment can be made by cash, credit card or internet transfer. If you have extended health care insurance, you will be able to get reimbursed for some or all the fees, depending on your plan.

Cancellations must be made within at least 24 hours' notice, or charges for the missed session will be made, with few exceptions.

Regular appointments are necessary for psychotherapy to work. The commitment you make to yourself, and your mental health will be reflected in your determination to come to sessions even when it is difficult. Furthermore, the goals of acquiring a healthy way of thinking and good psychological functioning include consideration of others. With sufficient notice, your therapist will have an opportunity to make other arrangements and offer the appointment time to others who are waiting to be seen.

If you can reschedule the session to an alternative time during the same week, you may not be required to pay for the missed appointment.

IN CASE OF AN EMERGENCY :**Sometimes clients have an emotional emergency, which requires immediate attention. The first recourse is to call the office. Your call will be returned as soon as possible, and you can usually expect to be given an appointment within 24 hours.**

If you feel that you cannot wait or it is the middle of the night or during the weekend, you should go to the Emergency Department of any hospital.

Fees and Services Schedule

Individual Psychotherapy session……. $ 175

Couples or family counseling session …… $ 200

Please note that a session is 50 minutes long.

Twenty-four hours' notice of cancellation is required, or the usual fee is charged.

Client's Name(s):_____

Address:_____

Postal Code: _____Referred by: _____

E-mail address: _____

Phone: Home: _____ Message? Yes ____ No _____

Work: _____ Message? Yes ____ No _____

Cell (other): _____ Message? Yes ____ No _____

Date of birth: _____ Age: _____

Emergency Contact_____

Family Physician Name & Telephone_____

Insurance Coverage: _____

I (we) have reviewed the general information and understand the above information, including fee policy and the limits of confidentiality. My (our) signature(s) below indicates my (our) acceptance of these policies and to the treatment plan outlined.

Signature _____

Name of Client _____

Date _____

PRIVACY STATEMENT

I understand the importance of your privacy and am committed to protecting it. Unless there is an emergency, I will not collect private information about you without your consent. I collect and record only information that I believe is needed to provide you with service. If I wish to collect information for other purposes (e.g. for research) the reason will be explained to you and it will be collected only with your consent. In addition to using your information to provide you with service, I also use client information to help evaluate the services I provide, to find ways to improve those services, to help train new professionals who are placed in my practice, and to identify and correct risks and errors. The privacy of your information is protected through established procedures in my office. Three of the procedures are as follows:

All private information is kept in a secure, locked area. Information about you occasionally may be seen by persons who are carrying out an audit or a review of my practice.

Information about you will be disclosed to persons outside my office only with your consent, except (a) in situations in which disclosure is justified by law or by my profession's code of ethics (e.g., risk of serious bodily harm; need for confidential professional or legal consultation); and (b) in situations in which disclosure is required by law (e.g., reporting a child in need of protection; reporting a health professional who has sexually abused a client; a court order to release information about a record). ϖ

When giving me permission to disclose information about you, you may limit what I disclose. However, if the information you do not want disclosed is clearly needed by the person receiving the information to provide you with appropriate service, I am required by law to inform the person receiving the information that you have refused consent to provide some necessary information. It is my policy not to allow external researchers to see information about you unless you give your consent. With only a few exceptions, you have the right to see your record of service and to request copies of information in your record. Exceptions

include the possibility of harm to you or someone else, and confidential information in the record about a person other than yourself.

If you believe that information in your record is not accurate, you may request that I correct the information. If I do not agree with the correction you request, you may file a notice of disagreement into your record. I will speak with you directly to answer any questions you have regarding this Privacy Statement, and to provide you with any further privacy practices or limits to confidentiality that are specific to your particular situation.

If you would like more detailed information at any time, would like to access or ask for a correction of your record, have a concern about my privacy policies and procedures, or have a complaint about the way your privacy has been handled, please do not hesitate to speak with me.

If you have a concern or complaint and are not satisfied with my response, you may contact the Information and Privacy Commissioner of Ontario (416) 326-3333 or 1-800-387-0073.

I have read the Privacy Policy and understand the information contained in it. I consent to the collection of my personal information.

Signature Name of Client Date