**TMCC - Consent to Treatment**

**& Limits to Confidentiality**

**Limits of Services and Assumption of Risks:**

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling and/or resolve other specific issues. However, improvements cannot be guaranteed due to the many variables that affect therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy. You may ask questions about treatment and withdraw from services at any time.

**Limits of Confidentiality:**

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian.

The following is a **list of exceptions to this rule of confidentiality**:

**Duty to Warn and Protect**

If you disclose a plan/threat to harm yourself, the therapist must try to notify your family and legal authorities. Further, if you disclose a plan to harm another person, the therapist must warn the possible victim(s) and notify legal authorities.

**Abuse of Children & Vulnerable Adults, or by a Regulated Health Professional**

If you disclose that there is abuse or harmful neglect of children or vulnerable adults, the therapist must report this to the appropriate the authorities. Also, if there is suspected abuse by a health professional, this must also be reported to the authorities.

**Other Parties**

If for quality assurance purposes, the College of Registered Psychotherapists requests it for an audit, it is subpoenaed by a court of law, you are connected to a third party insurance company, or for general discussion during clinical supervision/consultation.

By signing below, you are stating:

**I understand and agree to the above assumption of risk and limits of confidentiality**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature (Parent/Guardian if under 18) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature (Parent/Guardian if under 18) Date

**Making Payments**

As private practitioners, it is requested that **fees are paid in full by the end of each session** by **cash, cheque**, or **e-transfer** (prior to session). Note: there is a $45 charge for NSF cheques.

**I understand that fee for service is $169.00 plus HST ($191.00) per one-hour session.**

 OVER-🡪>>

**Insurance Coverage**

Please note that psychotherapy is not covered by OHIP. **However**, **some insurance companies do cover Registered Psychotherapists** (RP) through the College of Registered Psychotherapists of Ontario (CRPO). **Check with your insurance company** and **provide them with my designation**. Please pay upfront and **keep your receipts to get reimbursed** (use as write-off during tax time if not covered by your insurance).

**Cancellation Policy**

If you are unable to attend an appointment, **please** **provide at least** 24 **hours advanced notice** to our office. Please note that **you** **will be billed for the cost** of your scheduled appointment (by mail) **if it is not timely cancelled** (unless there’s an emergency of course). We truly appreciate your help in keeping the office schedule **running timely and efficiently.**

Signing below indicates **I understand and accept the aforementioned policies:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature (Parent/Guardian if under 18) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature (Parent/Guardian if under 18) Date