



THERAPY HELPS
TERMS OF SERVICE AND PRIVACY POLICY
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Making the decision to come for counselling is an important and sometimes difficult one to make. It indicates a desire for personal and interpersonal health. The following is provided to help you make an informed decision about counselling and to answer some questions you may have about me, as your therapist and the therapeutic process. Please do not hesitate to contact me regarding any further questions or clarifications at any time.

Ethical Standards

I am certified with the College of Registered Psychotherapists of Ontario (CRPO) as a qualifying member. As such I abide by the CRPO guidelines and professional standards. This includes a code of ethics. You may ask to see the code of ethics at any time or it can be found at: [www.https://www.crpo.ca/code-of-ethics/](http://www.crpo.ca/code-of-ethics/). Should you feel that an ethical violation has occurred through which you have experienced some measure of harm, you have a right to register a complaint with the Ethics Committee of the CRPO. Please notify me of any concerns you have so I can follow up and provide an appropriate response.

The Process

At the first session we will spend time exploring the issues and concerns that have brought you to counselling. During the next few sessions, we will work together to set specific goals which you wish to work toward in therapy. We may periodically review the goals and progress being made. The frequency and number of sessions will vary depending upon the type and amount of concerns you bring to therapy. As a psychotherapist, my accountability is to you as the client and I encourage you to ask questions at any time.

Risks

At times, changes brought about by your efforts in therapy may cause you discomfort or anxiety. This is a normal part of the process as these feelings often accompany change and are often a sign of progress. I encourage you to discuss your feelings with me as your feelings are an important part of the process and you may find doing so helpful to your therapy.

Records

Records are kept for each client and kept for a minimum of ten years for adults. Records of children, under the age of 18, are kept for ten years after their 18th birthday. Files contains brief session notes as well as contact information, any assessments or information from outside sources, referral notes, emails from the client that are relevant to treatment and any other information obtained during client treatment. This enables me to review sessions as needed, helps to keep sessions on track, and assists with keeping clients' goals in focus. In administering my practice, I make use of a secure management system to store and manage my client records. This includes information such as client sessions, billing documents, session notes, contact details, and other client-related information and documents. The system I use is encrypted. Additionally, all practice data in the system is routinely backed up to insure the privacy and protection of sensitive client information. You are welcome to review your file at any time. No records will be shared with any other parties without your signed permission. It is your choice whether information is released and you are not required to sign any consent if you are not comfortable with it.

Confidentiality

Everything that is said in the context of the conversations between counsellor and client is kept confidential.

There are a few exceptions to confidentiality which you should be aware of:

1. When the client gives written permission to have information from the counselling sessions communicated to another person.
2. When the client is at risk to hurt themselves or others, as when there is danger of suicide or assault unless protective measures are taken.
3. When there is reason to believe that a child (someone who is presently under the age of 16) has, is, or may be in danger of sexual or physical abuse or neglect. This includes:
 - a. When domestic violence is reported and there is a child or children in the home
 - b. When a client discloses that he/she was abused in childhood and there is a possibility that the abuser may be a danger to other children now. In these situations, I am legally bound to report to Family & Children's Services.
4. If a client reveals that he or she has been sexually abused by a health care provider who is covered by the Regulated Health Professions Act (for example, a psychologist, a nurse, a physician), the counsellor is obliged to report the name of the perpetrator to her governing body.
5. When mandated by a court order.

At times it may be suggested that contact be made with other professionals or family members in order to obtain information that will be helpful in your treatment. A signed note is required and you have the right to refuse your signature. Should information be requested by anyone outside of my practice, you will be notified. If it is not an emergency situation, then signed consent is required and the person/agency requesting the information will not receive it, or be informed you are attending sessions, until the proper signature is received from you. If it is an emergency situation you will be informed via telephone, email or in person, as soon as possible. An emergency situation would be an urgent police, medical or child protection situation. Should there be proceedings before the courts and your records are subpoenaed you will be notified as soon as possible.

Your Rights

As a client you have the following rights:

1. To ask questions at any point in time regarding therapeutic procedures.
2. To terminate therapy at any time; you may ask me for a list of possible referral sources.
3. To specify and negotiate therapeutic goals and be an active participant in therapy.
4. To be informed of any information, decisions and actions that will affect you.
5. To be apprised of fees and payment policies.
6. To ask about alternative procedures available for meeting your goals.
7. To review all documentation in your client file.
8. To complain to the Privacy Commissioner of Canada If you are not satisfied with the Privacy Policy in place.

Cancellation Policy

Those sessions that are scheduled but not attended, or cancelled with less than 48 hours notice will be billed. Payments cannot be used for a future session. No charge will be levied for sessions cancelled 48 hours or more in advance.

Session Length and Fees

The fees are \$120.00 + HST (individual session), \$140.00 + HST (couples session), and \$160.00 + HST (75 minutes session). I offer an introductory session at \$50. Sessions are 50 minutes in length. Sessions and telephone consultations longer than the normal 50 minutes will be billed accordingly.

Payment is required prior to each session by credit card (link on website: www.therapy-helps.ca) or e-transfer (snowballtherapy@gmail.com). A session is considered booked and confirmed once payment has been received.

I require your credit card information in order to book your first session after the meet and greet. This information is used to collect payment if one fails to attend a session without notice or cancels with less than 48 hours' notice.

Online Sessions (currently all sessions are online)

I use a program called Doxy for video sessions. This software meets Ontario's Health Information (PHIPPA) guidelines and is encrypted on both ends, meaning that when we are meeting with each other online, other people cannot access our session. The video and audio is not recorded anywhere during our sessions. However, given the nature of the internet, there is always a risk that something could happen beyond my or your control that could endanger the security of our information. As well, the telephone system I use is a VOIP (voice over internet program) system. It is also internet based.

If for any reason we are disconnected during the session, I will reconnect immediately. If that isn't possible, I will contact you to reschedule the session.

By signing this form or giving verbal consent, you are acknowledging that you are aware of the risks that online and telephone sessions hold and are releasing me of any liability should a breach occur.

Informed Consent

By signing below, I agree that I have read and understand the above information, and agree to the terms of therapy stated above. My therapist has adequately answered any questions I have at this point in time.

If you have any concerns about these matters, or about this form, please discuss these with me.

I understand I have the right to terminate therapy at any time, and may ask for a list of referral sources. I understand that it is usually best for therapist and clients to make joint decisions about termination of treatment.

Do you consent to having the audio of some sessions recorded for my, Jonathan Snowball's, consultation and supervision purpose only? Yes No

(This allows me to receive input and clarification on a challenging or an unfamiliar issue. I will ask for verbal consent prior to each recording.)

My signature indicates that I am giving my consent for Jonathan Snowball to treat me in therapy. My signature also indicates that Jonathan Snowball has permission to treat any of my minor children whom I bring to therapy.

Client Name (please print) _____

Client Signature

Date

Client Name (please print) _____

Client Signature

Date

Therapist Signature

Date