



Informed Consent Form

- I am a Registered Social Worker, Psychotherapist in good standing with the Ontario College of Social Workers and Social Service Workers. I am also a member of the Ontario Association of Social Workers. I have a Master of Social Work degree and clinical training in Cognitive Behavioral Therapy (CBT), Emotion-Focused Therapy, Brief Solutions Focused Therapy, and Mindfulness therapy, etc. Furthermore, I have several years of clinical experience counseling youth, adults and performing group therapy. I utilize CBT and DBT model in a semi-structured, “laddering” solutions approach to anxiety, depression, and stress management when collaboratively creating a flexible treatment plan.

Informed Consent to Treatment:

- Informed consent to treatment means that clients are fully educated about possible issues related to treatment.
- Some possible risks associated with therapy include:
 - Symptoms might intensify for a while or new symptoms might appear.
 - Changes in relationship may occur – for instance, a client may learn to be more assertive in a relationship and other close friends or relatives may need some time to adjust to these changes.
 - Sometimes traumatic memories arise.
 - Each health professional is responsible for the quality of care that he/she provides. A professional College that guides and ensures quality of care, governs each professional group. For instance, nursing, occupational therapy, psychology, psychiatry, social work. Contact information for respective colleges is available upon request.

Client’s Rights:

1. The client may decline to proceed the therapy as to the techniques conducted by the therapist.
2. The client may cease to continue assessment and therapy anytime, without any impediment and may return to therapy anytime.
3. The therapist has the right to dismiss the client from the course of therapy.
4. Right to confidentiality: Within limits provided for by law, all records and information acquired by the therapist shall be kept strictly confidential in accordance to the principles of a doctor-patient relationship. In accordance to the PHIPA Act, 2004, no information will be shared or revealed to any person, agency, or organization without the prior consent of the client within the law.
5. The client can raise any concerns and to speak with the therapist immediately of any concerns provided that the therapist is likewise available to discuss matters with the client.

Limits of Confidentiality:

There are some situations, professional or legal, in which we have an obligation to reveal information without your consent. These situations include:

- Children at risk of abuse or neglect (the Children’s Aid Society and/or police must be informed)
- Risk of suicide or serious harm to self or others

- Sexual abuse by another health professional
- A subpoena by the court or by a professional College regarding quality of care

Client Expectation:

You will be asked to complete various screening (not for diagnosis) assessment tools/questionnaires (e.g. DASS, IES-R scale, etc.) either online, on paper in session or outside of session for each session. The screening assessment(s) tool is to help counsellor/psychotherapist improve client outcomes and increase client engagement in their own treatment process by more effectively applying measurement-based client care. Measurement is a core part of evidence-based treatment and one of the primary drivers of client improvement.

Fee for Services:

- Free 15-minute consultation if you are unsure of whether counselling is suitable for you.
- Fee for additional 50 minutes individual session is \$150.00. \$37.50 for each additional 15 minutes.
- Group counselling starts at \$225.00 for two people + \$75.00 for each additional person.
- I accept cash, e-transfers, and certified cheques as payment methods due on day of service delivery.
- I do not bill directly to insurance. Please make all payments directly to Rosemond Owusu Nyarko or via email listed.
- Fees may be covered under Extended Health Care Plans. Please check with your insurance providers to verify if you are covered for counselling by a Registered Social Worker. This information is sometimes combined and located under “Psychologists” visits. You may also have a Health Spending Account which offers additional finances to cover cost of ongoing counselling.
- A receipt will be provided that contains all relevant information required to submit a claim to your insurance provider, such as your name, date of the session, duration of session, cost of session, confirmation of payment, therapist’s name and registration number.
- **PLEASE NOTE:** **I do not provide any documentation directly for any insurance, legal or medical matters. Please refer to your primary care physician or family doctor.**

Cancellation/Missed Appointment Policy:

- Cancelled or missed appointments less than 24 hours’ notice will be billed a full fee on the same day as the cancelled or missed appointments. Missed or cancelled appointments may not be covered under your insurance plan. You are expected to keep track of your own appointments.

24/7 Crises Support:

- If you are in crises or require emergency help (i.e. having thoughts of self-harm or harm to others), contact Crises Support at 1-833-456-4566, or call 911 or visit your nearest hospital emergency department.

Acknowledgment:

- Client Reviewed Informed Consent Sheet
- Consent to Services Obtained
- Client’s Questions Were Addressed (To be discussed during our first session)

I have reviewed this Informed Consent Agreement. I likewise understand my Client's Rights set in this form. I accept all herein this agreement and consent to counseling.

Print Name: _____ / **Sign:** _____ / **Date:** _____
(Client name)

Print Name: _____ / **Sign:** _____ / **Date:** _____
Guardian/Witness (If under the age of consent)

Clinician: Rosemond Owusu Nyarko, MSW, RSW