

Informed Consent for Outpatient Services

Welcome to therapy services provided by Jaime Armstrong, Registered Psychotherapist (RP). This document contains important information about my professional services and business policies. Please read it carefully and feel free to ask any questions you might have. When you sign this document, it will represent an agreement between us.

PSYCHOTHERAPY/HYPNOTHERAPY SERVICES

Services provided may include assessment; individual, couple, family, or group psychotherapy; hypnosis; and referral to other services. These services are voluntary and you are free to limit or end services at any time. I hold a master's degree and am a Registered Psychotherapist within the province of Ontario. I do not provide medication evaluation or management, or psychological testing, however can offer referrals to professionals who are qualified and licensed to provide these services.

Psychotherapy and Hypnotherapy is not easily described in general statements. Services vary depending on the personalities of the counsellor and client, your goals for change, and the particular presenting concerns. There are many different methods that may be used and Psychotherapy/Hypnotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience, but are not limited to, uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Changes you make may have a disruptive effect on your family and other interpersonal relationships. Psychotherapy has also been shown to have benefits for people who engage in it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, however there are no guarantees of what you will experience. My intention is to provide a therapeutic environment that will allow you to make meaningful changes in your life.

As a Certified Practitioner of Clinical Hypnosis with Rapid Resolution Therapy®, this is the primary choice of therapy I provide. Rapid Resolution Therapy®, founded by Dr. Jon Connelly, eliminates the negative emotional or behavioral influence of traumatic events, whether these experiences are remembered, repressed or forgotten. It is not necessary to relive past events or experience any pain. The mind is cleared, organized, and optimized. There are dramatic improvements in thoughts, feelings and behaviour. Unconscious conflicts blocking desired change are pinpointed and resolved. As the root cause of problems is cleared, positive change endures. Hypnosis may be used during this process at the discretion of the qualified therapist.

Our initial session will involve assessment of your concerns, needs, and your personal and family/social resources that may support the change you seek when attending sessions. We will work together to develop goals for therapy and you are encouraged to evaluate this experience and your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, and you have the right to feel confident with my ability to work with you. If you ever have questions about the counselling process, please discuss them whenever they arise. If at any time you decide therapy is not meeting your needs, or it is determined that I am not able to effectively address your identified concerns, I will be happy to offer referrals to other therapists. Additionally, any formal complaints about provided services can be made to the College of Registered Psychotherapists of Ontario.

MEETINGS

Therapy sessions vary from 45 minutes to 90 minutes. Appointments are generally scheduled every other week at a time we agree on, although some sessions may be longer or more or less frequent. I respect the time reserved for you and do not overbook appointments. If you must cancel or reschedule your appointment, please provide me with at least 24 hours advance notice. **My policy is to charge an \$80.00 no-show fee if you do not keep a scheduled appointment or cancel less than 24 hours in advance,** unless we agree that circumstances did not permit advance notice.

LEGAL ISSUES

I do not provide legal advice or forensic services as part of my practise. I may bring up issues for you to consider, however I recommend you seek qualified legal counsel for any legal concerns. Without mutual agreement and a separate contract for services, I do not customarily provide assessments or recommendations in support of legal actions such as child custody, competency actions, lawsuits, or criminal charges. Please notify me immediately if you are or become involved in a legal or criminal matter that may require my participation. If you become involved in legal proceedings that require my participation, you will be expected to pay for professional time even if I am called to testify by another party.

PROFESSIONAL FEES

My customary fee is \$200 for sessions, regardless of length of time. The initial session usually lasts for an hour and half (90 minutes). Thereafter, the sessions may range from 45 minutes to 90 minutes and vary based on the work required for the session. \$150 an hour will be charged for other professional services you may need, pro-rated for periods of less than one hour. Examples of such other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

BILLING AND PAYMENTS

Cash payment is expected at the time of service, unless another payment agreement is established. *Please be aware that refusal to pay for services will result in termination of counselling and referral to other services.*

If you are using health extended benefits, I will not file claims on your behalf and will provide you with a receipt of service for your own reimbursement. However, you (not your health insurance company) are responsible for full payment of fees. It is important to find out exactly what mental health services your health insurance policy covers and be sure that your health insurance company has authorized services with Jaime Armstrong, Registered Psychotherapist.

CONTACTING YOUR COUNSELLOR

As I am generally with clients, I am usually not immediately available by telephone. My telephone has a confidential voice mail system that is regularly monitored and I will make every effort to return calls within one business day. However, it is important to note that this is an outpatient practice and I do not provide emergency or crisis care. In an emergency, you may contact the nearest hospital emergency room or call 9-1-1. If I am unavailable for an extended time, I will arrange for coverage through a colleague.

Additionally, I cannot ensure the confidentiality of any form of communication through electronic media. You are advised that any email sent to me via a computer in a work-place environment is legally accessible by your employer.

CONFIDENTIALITY

In general, laws protect the privacy of all communications between a client and a counsellor or psychotherapist, and information about our work will only be released with your written permission. There are a few exceptions, which may be infrequent, however you should be aware of these circumstances, which are identified below.

- If a judge issues an order for release of records or testimony
- To report allegations of abuse or neglect of a child, elder, or vulnerable adult (i.e., disabled), to Children's Aid Society
- To initiate involuntary hospitalization and/or contact family/significant others to help protect a client who is at imminent risk of self-harm or harm to others
- To notify intended victims and/or law enforcement personnel, if a client presents a clear and substantial risk of imminent harm to another person
- To report a crime committed on premises or against myself
- If a client files a lawsuit or complaint against this practice, relevant information may be disclosed as part of defense proceedings
- To assist medical personnel to provide treatment in a legitimate medical emergency, if the client is unable to give such information

If a similar situation occurs, if possible, I will make every allowable effort to fully discuss it with you before taking action.

In order to provide you with the best possible service, I may occasionally seek clinical consultation with another professional. No names or specific identifying information will be released, and the consultant is also legally bound to keep information confidential.

Laslty, due to providing services in a small town, it is possible we may see each other in the community. To maintain the integrity of our relationship and to protect the confidentiality of provided services, I will not

approach you or initiate an interaction in public. As others are aware of my profession this is meant to maintain our respect without sharing our professional relationship. Should you choose to initiate conversation within the community, please do so, while being informed of the risks to confidentiality, and I will follow your lead.

MINORS

My practise welcomes adolescent clients, however parent/guardian consent to treatment may be required. While parents/guardians have the legal right to all treatment information, it is my policy to ask parents/guardians to respect the confidentiality of adolescents 12 and over. I will provide parents/guardians with general information about progress, either by phone or through family sessions, upon request. If I believe there is imminent risk that an adolescent will seriously harm self or others, I will disclose that information in accordance with ethical and legal obligations. If during sessions I learn of behavior that may negatively affect the adolescent client's health or well being, I will work with the client to help them discuss that issue with the parent/guardian in a family session. If the adolescent is unwilling to do this, I will communicate the concerns to the parent/guardian, with the adolescent's knowledge.

CONSENT FOR SERVICES

I authorize Jaime Armstrong, RP, to provide services to the client named below. I understand that these services may include assessment; individual, group, marital, or family therapy; and referrals to other needed services. I am aware that participation in services is voluntary and I may limit or end services at any time. I have read and understand the information on the Informed Consent for Outpatient Services form. I agree to the fees for service and will pay in full for each provided session. I have been advised that a full informed consent is available for my review.

Name of Client: _____

Client Signature Date

Parent/Guardian Signature (if applicable) Date

Jaime Armstrong, RP Date