



## CONSENT FOR TREATMENT FORM

Updated – May 30, 2021

Sarah Schlote, MA (Counselling Psychology), RP, CCC, SEP is a Registered Psychotherapist (#3402), Canadian Certified Counsellor (#0476) and Somatic Experiencing® Practitioner. Sarah provides a number of services, including counselling, psychotherapy, trauma treatment, and career development support. She works with older teens and adults, offering individual and couples therapy.

Sarah uses a number of different approaches including Somatic Experiencing®, EMDR (Eye Movement Desensitization and Reprocessing), Brainspotting, somatic touch work, inner child and parts work (combining elements from structural dissociation theory and Internal Family Systems), attachment-oriented therapy, Dialectical Behaviour Therapy skills, mindfulness, psychodynamic therapy, life and career coaching, and equine-facilitated therapy. Please visit [www.sarahschlote.com](http://www.sarahschlote.com), and [www.equusoma.com](http://www.equusoma.com) for more information about these approaches and her services.

### Nature of the Relationship

The boundaries of a therapeutic relationship are important to understand at the outset. Your therapist can only be your therapist and cannot have any other role in your life, such as becoming a friend or socializing outside of session. In order to protect your confidentiality, your therapist will not acknowledge you first should recognize you out in public; however, you are welcome to say hello first if you wish. To preserve the therapeutic alliance, your therapist will not take you and another family member or loved one on as individual clients at the same time, with the exception of couples therapy in which individual sessions might take place with both members' consent for the purposes of helping the couple. Your therapist cannot hold secrets about one member of the couple from the other that are disclosed in the 1:1 sessions.

To protect your emotional and physical integrity and boundaries, your therapist cannot have a sexual or romantic relationship with you during or after the course of therapy, nor start a business relationship with any client. Exceptions to this include other professional relationships within the scope of her work. In certain cases, you may be interested in attending workshops, trainings or retreats that Sarah leads; in which case, Sarah may also be your teacher or facilitator. Should this be the case, Sarah will discuss the pros and cons of attending one of these events with you, the difference in her role in that different setting, and whether or not this is the right fit for you at this time. When acting in these roles, she will never disclose the fact that you are also her client, although you are free to do so if you wish.

### Risks and Benefits

Counselling and psychotherapy may involve the risk of remembering unpleasant events, feeling unfamiliar sensations, or arouse strong or unanticipated feelings or memories. You may face issues or aspects of yourself that are uncomfortable, and counselling may lead to unforeseen changes in your relationships or take you outside of your comfort zone to explore and expand your growing edge. Benefits may include an increased ability to live more effectively by improving your ability to cope with a variety of stressors and life challenges. You may also gain a better understanding of yourself, your goals and your values, which will assist

you in your personal and career growth. You may experience relief or resolution of trauma symptoms, and develop skills, increased resiliency and a healthier relationship with yourself and others.

### **Outcomes and Ethics**

Outcomes are difficult to predict or guarantee, since they are dependent on a number of factors, such as the fit between you and your therapist, your history, your current challenges and resources, and your readiness and willingness to work towards set goals. However, Sarah will do her best to help you to handle the risks safely and experience at least some of the benefits. If you have any questions or concerns, Sarah encourages you to discuss them with her at any point. You may also direct your questions or a formal complaint to the College of Registered Psychotherapists of Ontario (CRPO) by fax, email, regular mail, or by phone. The complaints process involves the gathering of information (usually including material from the client's record), and requires both the psychotherapist and the client to respond to each other's comments. Complaints are reviewed by the Inquiries, Complaints and Reports Committee (ICRC). The process can be lengthy and difficult to go through for everyone involved, and the outcome may not be in the client or the therapist's favour. If you disagree with the ICRC's decision, you can request that it be reviewed by the Health Professions Appeal and Review Board (HPARB). For more information about this process, visit <https://www.crho.ca/filing-a-complaint-about-a-member/>

### **Privacy and Confidentiality**

Sarah collects private health information for the purposes of better understanding your challenges, needs, goals, and to guide your treatment plan. No information will be released to a third party without your prior written authorization. You have the right to withhold or withdraw consent to, or place conditions on, the disclosure of your information at any time (e.g., lock box principle). **Exceptions to confidentiality** include the legal and/or ethical obligations for your therapist to:

- Inform a potential victim of a client's intention to harm them;
- Inform an appropriate family member, health care professional, or police if necessary of a client's intention to end his or her life;
- Release a client's file (or portions thereof) if there is an investigation or court order to do so;
- Inform the Children's Aid Society if there is suspicion of a child at risk of harm or in need of protection due to neglect, or physical, sexual or emotional abuse;
- Report sexual abuse of a client by another regulated health professional;
- Report elder abuse of a resident in long-term care.

While these events are rare, they do exist. However, Sarah's overall goal is to make this a place where you feel comfortable to talk about personal concerns. Sarah will also consult with other professionals for guidance specific to the therapeutic modalities she uses, for the purposes of providing you with the highest quality care. Information provided in these other contexts will be anonymous. Finally, in a situation of the unexpected death or illness of the therapist, you may be contacted by a representative who is acting on behalf of the therapist. This representative will be obliged to ensure confidentiality as the therapist does and will provide you with a referral to other services.

### **Privacy and Record Keeping**

Records are retained for at least 10 years from the date of the last interaction with the client, or for 10 years from the client's 18th birthday, whichever is later. All information is maintained in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) of the Federal Government of Canada and the Personal Health Information and Protection Act (PHIPA) of the Province of Ontario. This

means that all personal information obtained, used, and disclosed in therapy sessions is done so with your consent. Your personal information is protected by specific safeguards including locked cabinets, a secure and encrypted practice management software (OWL Practice), and computer and document passwords. You may request a copy of your records for a reasonable fee for the time spent preparing, copying and mailing the file (where applicable). Please note that records cannot be released when they contain the name of another person and redaction of content is necessary to protect that person's confidentiality, and that reports from other professionals cannot be released without the consent of that professional. To access a copy of your record or to request corrections to your record, please submit your inquiry in writing to [support@sarahschlote.com](mailto:support@sarahschlote.com) or at the mailing address listed at [www.sarahschlote.com](http://www.sarahschlote.com). You will receive a response to your request within 30 days. There is no cost to correct your record. There are also details about this process here: <https://www.ipc.on.ca/access-individuals/access-and-correction/>

### **Extended Health Insurance**

Sarah's services are sometimes covered under extended health benefits. Please verify with your insurance plan if you have coverage for a Registered Psychotherapist, for a master's level therapist (MA in Counselling Psychology), or if you have a health spending account. Sarah will collect your payment directly, and you will then be provided with a receipt to be submitted to your insurance company for reimbursement. It is your responsibility to contact your insurance company in advance of starting therapy to determine your annual coverage and whether you need a referral from a medical professional, as each plan is different.

### **Service Fees**

- **Individual therapy, 60-minute session:** \$195 CAD + provincial tax.
- **Couples therapy, 60-minute session:** \$210 CAD + provincial tax.
- **Initial sessions:** Are typically 75 minutes in length to allow for an intake assessment.
- **Non-clinical support:** Work done outside of sessions (letters, reports, resume writing, check-in calls over 10 minutes, offsite services, etc.) is also charged by the hourly rate.
- **Specific third-party payers** (e.g., Indigenous Services Canada, Criminal Injuries Compensation Board, Victim Services, etc.) may have different fee policies.
- **Sliding scale:** Limited sliding scale spots are available for people who have been marginalized due to race, students, and individuals facing significant financial hardship.

### **Payment Policy**

Full payment is required at the time of each scheduled appointment in the form of **cash** (exact change), **personal cheque** made out to the Schlote Psychotherapy Professional Corporation, **eTransfer** or **credit card** (Square or PayPal). If paying by eTransfer, payment must be received prior to the start of session. Any outstanding payment for sessions will be required prior to scheduling subsequent appointments. In the event that payment is not received for an appointment, clients will be given the opportunity to do so and if payment is still not made, Sarah reserves the right to employ the services of a collection agency to recover unpaid fees.

- A 5% annual interest rate will be charged for payments not received within 30 days of the session.
- A \$25 service charge will be added to the amount owing for NSF cheques.

### **Cancellations and Missed Sessions**

- Cancellations **within 48 hours from the session and missed sessions** will be billed at the full rate.
- If it is possible to reschedule within the same week, the cancellation fee will be waived (please be advised that sometimes there are no other available times within the same week)

- If you cancel or miss 3 consecutive appointments, or fail to respond to Sarah’s attempts at contacting you, Sarah reserves the right to discontinue your treatment and you will be provided with information about other services that might be of assistance if this is of interest to you.
- Fees for missed or cancelled sessions are not typically covered by extended health benefits plans.
- Cancellation or missed session fees will be **waived on compassionate grounds**, for example: in the event of sickness, a medical emergency requiring urgent professional treatment, or death in the family.

**In the case of a power outage or technical difficulties with video calling, sessions will still take place by phone** to ensure continuity of care, provided phone is still available. Sarah will attempt to call you at the number you have provided or reach you by email. Cancelling a session due to failed video call will follow the same cancellation policy as above. Some approaches cannot be conducted by phone, in which case the session may be cancelled or rescheduled without penalty if a different focus for the session cannot be identified.

### **In Case of Emergency**

Emergency services are not available by your therapist between sessions. In case of emergency, dial 911, go to the nearest emergency department of any hospital, or call your local crisis line.

### **Informed Consent**

Informed consent for psychotherapy and counselling is essential and out of respect for your right to choice and self-determination. Consent must be given voluntarily, knowingly and intelligently. You have the right to change your mind and withdraw informed consent at any time, terminate treatment, or refuse a particular treatment modality if you are not comfortable with it.

### **Statement of Informed Consent**

I have read and understand the information presented in this document. I hereby consent to psychotherapy and counselling services offered by Sarah Schlote, MA, RP, CCC, SEP.

Client name: \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_