



Susan B. Raphael  
susan@susanraphael.ca

## Consent to Services Form Important Information for Clients

This form is to document that I/we \_\_\_\_\_ give permission and consent to Susan Raphael, mental health and addiction clinician, to provide consultation, assessment, and/or treatment to me/us and/or my child \_\_\_\_\_ who is my son/daughter.

### **Professional Qualifications:**

I understand that Susan Raphael is a certified addiction and mental health counsellor.

### **Office Hours:**

Office hours are flexible and some weeknight appointments are available. The usual interview lasts one hour. The number of sessions will vary according to need.

### **Payment for Services:**

Payment for services is due at the end of each session and a receipt will be given when payment is received. Fees vary according to the time and nature of the service involved. Generally clients pay for their sessions at the end of each visit. In this way, the account remains manageable and counselling becomes a naturally budgeted expense. Your fee will be discussed with you during the intake interview and you will be advised beforehand if any changes are made to the fee. Fees may be paid by cash or cheque. A surcharge of \$25.00 will apply to all N.S.F. cheques. A late payment fee of 2% per month will be added if payment is not received after 30 days of the date of service. Outstanding accounts of more than 60 days will be eligible for submission for collection.

### **Cancelled and Missed Appointments:**

In order to maximize the effectiveness of counselling/therapy services, clients should make counselling a high priority and should not cancel sessions except in cases of emergency.

**Session fees will be applied for appointments cancelled less than 24 hours in advance.**

### **Confidentiality:**

Confidentiality is respected at all times. No information will be communicated, directly or indirectly, to a third party without your informed and written consent. Exceptions to confidentiality include, the legal, and/or ethical obligations to:

- Inform a potential victim of violence of a client's intention to harm
- 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 if there is a court order to do so



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- Inform the Children’s Aid Society if there is suspicion of a child being at risk or in need of protection due to neglect, or physical, sexual, or emotional abuse
  - Report a health professional who has sexually abused a client
  - Share information with a supervisor for supervision purposes
- Some communication will be through phone, email/text messaging. I will do my very best to protect your confidentiality.

**Privacy of Personal Information:**

I understand that in order for Susan Raphael or one of her associates to provide me with counselling/therapy services, they will collect some personal information about me (e.g., name, address, telephone number, health history, and social situation) in order to help assess what my needs are. This information will then be used to advise me of my treatment options and to help me receive the treatment I choose. I understand that in the course of business, office staff may need to access some of my personal information (e.g., address for billing purposes) and that this access is limited. I understand that I have the right to review and the right to a copy of my personal information, barring a few rare exceptions. A complete copy of the privacy policy is available upon request.

**In Case of an Emergency:**

Emergency services are not available. In the case of an emergency, clients should dial 911, contact their Family Practitioner, or go to the Emergency Department of any hospital.

**Informed Consent:**

I have read and understood the information presented in this document, and hereby consent to counselling/therapy treatment and/or assessment.

I understand how the Privacy Policy at **Sustainable Recovery** applies to me and have been given a chance to ask any questions I have about the privacy policies and practices and they have been answered to my satisfaction. I agree to the **Sustainable Recovery’s** collecting, using, and disclosing personal information about me as set out above and in the Privacy Policy.

**Signature of Client:** \_\_\_\_\_

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

**Note:** The consent form needs to be signed by all clients competent to consent to counselling/therapy services.