



FOR THERAPY SERVICES – INDIVIDUAL PSYCHOTHERAPY

INFORMATION TO CONSENT TO TREATMENT

The practice of psychotherapy involves a clinical relationship based on an agreement between client and therapist. This document contains important information about the professional services and business policies of New Earth Therapy. After signing this document, it will represent an agreement between us to consent to treatment and the obligations that entail that treatment. The following outlines the necessary information that you need to know when consenting to treatment for you.

PSYCHOTHERAPY SERVICES

There are different types of psychotherapy, and different approaches to addressing specific issues that are appropriate for each client. My practice is eclectic, but is strongly rooted in a holistic, spiritual, and transpersonal approach. Together with you, we will agree on a specific treatment plan that is tailored for you, your disposition, situation and reason for being here. The progress seen in therapy is aided on good communication between client and therapist; therefore, if you have any questions, concerns or need any clarification at any point in the process, please do not hesitate to discuss them with me. Success in therapy is dependent on the effort you put forward during and outside of our sessions; this is very much a collaborative approach.

As psychotherapy has benefits, it also has risks. This may include experiencing uncomfortable or unpleasant thoughts and feelings that are associated with discussing aspects of your personal and social life. The processing of these experiences may challenge you at times based on your degree of resiliency and acceptance. In regards to benefits, psychotherapy can increase the personal relationship you have with yourself and others, provide for more effective solutions to problems, aid in significant reductions in feelings of distress, and provide an increase in psychological and emotional stability.

CONFIDENTIALITY

Information shared during the therapy process will remain confidential and will not be shared with anyone without your written consent. Confidentiality is your right. However, there are limits to confidentiality that do **not** require written permission:

- Disclosure where there is risk of harm to oneself or harming another person;
- Disclosure of known harm to another person or in harms way of another person;
- Disclosure where there is reasonable suspicion of child, dependent, or elder abuse or neglect;
- Disclosure when required by a court of law such as a subpoena;
- Disclosure to collection agencies for overdue accounts;
- Disclosure where there is maltreatment of clients by a helping professional;
- Disclosure where there is evidence of illegal activities;
- Disclosure if client is taking legal action against his/her therapist;

- Disclosure if suspicion of harm or cruelty to animals.

SESSIONS

Session duration is based on a normative standard of psychological practice for a period of 50 minutes where the remaining 10 minutes are used for preparation and administrative duties of your file. During our initial consultation, we will all decide if I am the most suitable practitioner to provide you with the services you require. If either of us decides for any reason that you would be better served by another practitioner, I will offer referrals for other providers. If we agree to work together, appointments will be scheduled to best meet your needs.

RECORDS

Documentation of notes will include only those necessary to the provision of therapy notes, to coordinate services, participation in research with informed consent, or that of which is required or justified by law.

QUALIFICATIONS

Sarah Binsfeld has a Masters in Educational Psychology (M.Ed), a Bachelors of Education (B.Ed) and a Bachelor of Arts, 3 year in Psychology (B.A.). Sarah is a Registered Psychotherapist with the Canadian College of Professional Counsellors and Psychotherapists (CCPCP), #3058.

FEES

New Earth Therapy's fee is \$130 per session, and is due at the end of each session. Other services for fee may include but are not limited to telephone consultations lasting longer than 10 minutes, attendance at meetings/conversations with other professional you have authorized, and treatment report summaries will be prorated per hour. If you make a payment by cheque and your cheque does not clear due to insufficient funds or any other reason, you will be expected to reimburse me in full for any related bank fees.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Due to the complexity and difficulty of legal involvement, you will be expected to pay a fee of \$400 per hour for preparation and attendance at any legal proceeding.

If for some reason, you do not pay the fees associated with the rendering of therapeutic services within 30 days, an interest of 15% will be added to your account. If fees are not paid within three months, your outstanding balance will be turned over to a collection agency.

CANCELLATIONS, MISSED & LATE FOR APPOINTMENTS

If you need to cancel or reschedule an appointment, New Earth requires that you provide at least 24 hours advance notice otherwise you will be expected to pay the full fee for that missed session.

If you are more than 20 minutes late for your appointment, the appointment will be forfeited, and you will be charged the full amount.

INSURANCE PROVIDERS/FUNDING AGENCIES

You will be provided with a receipt upon full payment to submit to your insurance provider. Please note that I do not direct bill, and am not a preferred provider with EAP/EFAP. If you do not have any coverage, it is your responsibility to pay the full fee for services at the time they are rendered. As a member of the CCPCP, my services may be covered by your benefits provider. If reimbursement is a concern, it is suggested you confirm with your insurance provider prior to your first session with New Earth Therapy.

PSYCHOTHERAPY RECORDS

The ethical and legal standards of my profession require that I keep treatment records, which includes your signed consent form, intake form, and case notes as well as any other forms. This may include, consent to release information, copies of any letters written on your behalf, psychotherapy notes from previous providers, insurance or medical letters, as well as psychometric assessments. You are entitled to examine your records and a fee of \$130 per hour is required if you request a copy of your records. Please note that psychotherapy notes can be misinterpreted or upsetting to individuals who are not mental health professionals. Therefore, it is necessary that before receiving a copy of your records that I discuss the contents with you. This may involve making an appointment with me at a fee of \$130 prorated per hour.

STORAGE AND SECURITY OF CLIENT INFORMATION

Client psychotherapy notes and information are taken and stored on the office desktop computer and have an encryption code for security. Paper documents are stored in a locked cabinet. All client information will be kept for a period of seven years upon which will be destroyed in the form of shredding and deletion from computer systems.

INFORMED CONSENT

Informed consent recognizes an on-going collaborative agreement between client and therapist that provides permission to treat clients. This includes reading fully this document and asking any questions you may have. It also involves respecting the opinions of others who may be involved in the decision-making process regarding informed consent.

RIGHT TO DISCONTINUE TREATMENT

At any time, you may withdraw your consent and your participation for treatment without my permission or agreement. If you do wish to do so, please provide me with a reason for your decision in a counseling session so that we can bring sufficient closure to our work together. We can also discuss any referrals you may need at that time. Therapists are ethically required to continue therapeutic relationship only so long as it is reasonably clear that clients are benefiting from the relationship. Therefore, if I believe that you need additional treatment, or if I believe that I can no longer be of help to you, I will discuss this with you and make an appropriate referral. At the end of treatment or the discontinuation of therapy, all information will be kept confidential.

CONSENT TO THERAPY

Your signature below indicates that you have read the information in this document and agree to abide by its terms during your treatment.

I _____
(name)

have fully read and clearly understood the contents of this document on this date, _____, and I have been informed of the nature and information involving therapy services and I/we have the capacity to freely and without undue influence to give consent for treatment of my/our adolescent to receive therapy services with Sarah Binsfeld, M.Ed.

Printed Name _____ Signature _____

Sarah Binsfeld, M. Ed., _____