

Contract for Therapeutic Services

The following is a review of services and professional expectations provided by myself, Jennifer Long, to you the *client* during our working relationship.

Confidentiality and Record Keeping

The laws and standards mandated by the College of Registered Psychotherapists of Ontario require that I keep treatment records. The notes are simply a record of the date of our appointment and an account of what transpired in the session. As a Registered Psychotherapist, I do not diagnose or interpret your actions, I simply observe and record them.

In accordance with the *Ontario Personal Health Information Protection Act* (PHIPA), all communication between us is confidential and I will only release information about our work to others at your request and with your written permission.

There are certain situations, however, where I am required by law to reveal information obtained during therapy to other persons/agencies, even if you do not give permission. These are the situations:

- If you threaten grave bodily harm or death to yourself or another, I may inform medical or law enforcement personnel
- If you report to me knowledge of *emotional, physical or sexual abuse or neglect* of a minor / child by a person of any age, or of an elderly or disabled person, I am required to inform the appropriate agencies (please refer to Child Youth and Family Services Act, 2017)
- If you report the sexual misconduct of a mental health professional, I am required to report it to the appropriate college
- If you become involved in a legal case (child custody, civil suit, etc.), I may be required to produce records or testify. I will do everything I can to keep your records confidential but sometimes it may be out of my control to do so

Virtual Tele-therapy

At this time all therapy sessions are taking place remotely utilizing telephone and or online tele-health platform which meets the ethical and security standards set out by the CRPO. Although there have been advances to technology, there are still limitations to participating in tele-therapy despite reasonable efforts on the part of my psychotherapist. These include but are not limited to: technology issues; limitations to non-verbal communication; transmission of your personal information could be disrupted or distorted by technical failures; the transmission of your personal information could be interrupted by unauthorized persons; and/or the electronic storage of your personal information could be accessed by unauthorized persons. Furthermore the awareness of who is around you must be taken into consideration when sharing personal information. In a controlled office environment client confidentiality is taken into consideration by the therapist. In a virtual therapy setting the client is responsible for ensuring they are in a safe and confidential environment, aware of who may be around them and exposed to their sharing of personal information.

Supervision

As part of maintaining professional standards of practice, as well as on-going professional development, I participate in peer supervision with other registered psychotherapists. On occasion I may discuss aspects of cases with my colleagues, to ensure that I am providing the best level of support for my clients. No identifying information is shared during these discussions about my clients, and confidentiality is maintained by the other professionals in the supervision group.

Fees & Payment

Payment for the services rendered need to be made immediately after the end of the session. Cash and Email Transfer are the current forms of payment that are accepted.

Cancellations

Please advise me as soon as possible, preferably *by phone or text message*, if you are not able to attend at your reserved time in order to avoid incurring costs.

Should you give less than 24 hours' notice of cancellation of an appointment, there will be a fee incurred, due promptly at your next appointment.

In Case of Emergency

As a psychotherapist, I do not provide emergency services. In the case of emergency, please dial 911, contact your Family Practitioner, or go to the Emergency Department of any hospital.

Personal Responsibility

The *Client* acknowledges that responsibility for personal actions in or outside the therapy session is not altered by virtue of receiving therapeutic services. The *Client* agrees to hold me free of all liability and responsibility for any actions or results or adverse situations created as a direct or indirect result of actions taken by the *Client* during or after the termination of therapy.

Consent to Receive Psychotherapy

By signing below, you as the *Client* acknowledge that you have read and understood the above information, and give permission and consent to me *Jennifer Long*, to provide psychotherapy consultation, and/or treatment for you. By signing below you also acknowledge and understand that you need to provide at least 24 hours notice of cancellation for the session to be rescheduled without charge. If you fail to provide less than 24 hours notice you agree to promptly pay the missed session charge at your next appointment.

Fee for session: \$120.00+ HST (\$135.60)

Fee for missed or session cancelled without 24 hours notice: \$60.00+ HST (\$67.80)

I have read and understand the above information:

Client Signature: _____

Date: _____

Release Form and Confidentiality

Reiki

Reiki is a **hands-on** modality performed by a practitioner that has been attuned to act as a facilitator for the individual that is receiving the energy treatment. If at any time you are uncomfortable with having hands on your body it is important and *your responsibility* to inform me (Jennifer Long) of this. It is possible to receive the Reiki treatment without having hands-on, with no impact on the effectiveness of the treatment. Please express any concerns that you may have about the hands-on method as they arise, as it is important for you to feel comfortable and confident with the treatment session.

Reiki is an alternative form of treatment and does not substitute the medical advice given by a *Physician or Licensed Medical Practitioner*. As a Reiki Practitioner I do not diagnose conditions, nor do I prescribe substances or interfere with the treatment of a licensed medical practitioner. As a Reiki Practitioner I may make suggestions to promote the continuation of work completed in the session, through meditation or engaging other activities to promote overall wellness; however it is your responsibility as an individual to confirm with your doctor(s) or practitioners to verify if these activities are safe for your medical condition prior to engaging in said activity.

As a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO), I adhere to a strict standard of confidentiality, and maintain that confidentiality in my Reiki practice. All of your personal information ascertained by myself (Jennifer Long) will not be shared or disclosed to anyone without your permission. Exceptions to confidentiality include (1) subpoena of information by the court system (2) duty to report physical / sexual abuse / neglect of children or disabled or elderly persons (3) where there is eminent threat to your or another person's life.

I understand the above and consent to the use of Reiki in my sessions:

Client Signature: _____ Date: _____

If you do not wish to incorporate the use of Reiki in the sessions, please sign below.

Client Signature: _____ Date: _____

New Client Intake Form

Name: _____ Date: _____

DOB: _____ Age: _____

Address: _____

Home Phone: _____

Cell/Work/Other Phone: _____

Email: _____

What time and day is best? _____

Okay to leave a phone message? Yes No Text message/Email? Yes No

At which number can I contact you and leave a message? Home Cell Other

**Please note: Email correspondence is not considered to be a confidential medium of communication.*

Emergency Contact: _____ Relationship: _____

Phone: (Home) _____ (Cell) _____

Family Physician Name & Contact Info: _____

Relationship/Marital Status: Are you currently in a relationship? Yes No

(Please circle all that apply)

Never Married Domestic Partnership Married Separated Divorced Widowed

Who currently lives in your household?

If you have children and they do not currently live with you, please list the reason(s) below.

What would you like to talk about or address during our time together?

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? Yes No Age you attended:

What was helpful / not helpful? Anything missed / not addressed?

Who do you turn to for support? Friends _____ Church _____ Professionals _____ Neighbours
_____ Co-workers _____ Virtual Friends _____ Children _____ Partner _____ Pets _____
Family _____

Are you currently taking any prescription medication? Yes No
If yes, please list:

Have you ever been prescribed psychiatric medication? Yes No
If yes, please list and provide approximate dates when you started/ stopped taking them:

General and Physical Health Information

How would you rate your current physical health? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

Do you have a regular exercise routine? Yes No

If yes what is your preferred type of exercise?

Do you experience difficulty with your appetite or eating problems: Yes No

if Yes please explain:

Are you currently experiencing any chronic pain? Yes No

If yes, please describe:

Do you drink alcohol more than once a week? Yes No

Do you engage in recreational drug use? Yes No

If Yes how often? Daily Weekly Monthly Infrequently

Are you currently employed? No Yes

If yes, what is your current employment situation?

Do you enjoy your work? Is there anything stressful about your current work?

Do you consider yourself to be spiritual or religious? Yes No

Was faith apart of your childhood or upbringing? Yes No

If yes, and you are comfortable please describe your faith/ belief/ spiritual view:

Describe your parent's marriage: (Please Circle one)

very happy happy average unhappy very unhappy

Describe your life as a child: (Please Circle one)

very happy happy average unhappy very unhappy

Describe your life as a teenager: (Please Circle one)

very happy happy average unhappy very unhappy

Describe your life in the last six months. (Please Circle one)

very happy happy average unhappy very unhappy

Emotional/ Mental Health

How would you describe yourself emotionally?

Are you currently experiencing overwhelming sadness, grief or depression? Yes No

If yes, for approximately how long?

Are you currently experiencing anxiety, panics attacks or have any phobias? Yes No

If yes, what type and when did you begin experiencing this?

Have you had any thoughts of hurting yourself or another? Yes No

Any current suicidal thoughts, & or intent to end your life? Yes No

If yes do you have a plan of how you would end your life?

Do you presently or have you in the past had any:

Harm to **Self**: Yes No *If yes when was the most recent time? how often?

Harm to **Others**: Yes No *If yes please explain

Have you experienced Hospitalization/treatment for suicide attempts or psychiatric problems?

Have you experienced Any memory & cognitive problems?

Do you have any legal issues (charges) that you are dealing with at this time?

Are there any other significant problems or stresses are you facing at the present time that have not been addressed above?

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I understand the above:

Client Signature: _____ Date: _____