



Phoenix Counselling Clinic Inc
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INFORMED CONSENT FOR COUNSELLING AND PSYCHOTHERAPY SERVICES

1. NATURE AND PURPOSE OF SERVICES

Counselling and psychotherapy are professional healthcare services intended to support emotional well-being, self-understanding, coping, personal growth, and meaningful change. Therapy is a collaborative process based on the client's needs, concerns, goals, preferences, strengths, and circumstances.

Therapy may involve discussing difficult experiences, emotions, relationships, trauma, thoughts, behaviours, and other personal circumstances. Such discussions may sometimes bring up uncomfortable emotions or temporarily increase distress. While psychotherapy may provide benefits, specific outcomes or results cannot be guaranteed.

My practice is integrative, client-centred, trauma-informed, culturally responsive, and strengths-based. Depending on the client's needs and treatment goals, interventions may include cognitive and behavioural strategies, ACT- or DBT-informed approaches, mindfulness, grounding, emotion regulation, psychoeducation, supportive therapy, and other appropriate evidence-informed interventions.

2. ASSESSMENT, TREATMENT, AND REFERRAL

An initial assessment is conducted to understand the client's concerns, relevant history, strengths, needs, goals, and current functioning and to determine whether psychotherapy is appropriate.

Treatment goals and approaches may be reviewed and modified as therapy progresses.

Consent is an ongoing process, and the client may be asked to provide or reaffirm consent when there are significant changes to the treatment plan or therapeutic goals.

Where appropriate, consultation or referral to a physician, psychiatrist, other regulated health professional, community resource, or another service may be recommended.

Clients may also choose to seek other forms of support or discontinue psychotherapy.

3. VOLUNTARY AND INFORMED CONSENT

Participation in psychotherapy is voluntary. Before treatment begins, the nature and purpose of the proposed services, anticipated benefits, material risks and limitations, alternatives, foreseeable costs, and relevant practice policies will be discussed.

Clients have the right to:

- ask questions and receive understandable information;
- express concerns about treatment;
- decline particular interventions;
- withhold consent to aspects of treatment where they have the capacity to do so; and
- withdraw consent for some or all aspects of treatment at any time, subject to applicable legal and professional requirements.

Consent is not a one-time event and may be revisited throughout treatment.

4. CONFIDENTIALITY AND ITS LIMITS

Information shared in psychotherapy is treated as confidential and personal health information is protected in accordance with applicable privacy legislation and professional requirements.

Information will ordinarily not be disclosed without the client's consent unless disclosure is permitted or required by law or professional obligations.

Limits to confidentiality may include, depending on the circumstances:

- a legal duty to report concerns about a child or young person to a child protection authority;
- a serious and imminent risk of harm to the client or another person;
- mandatory reporting requirements relating to the sexual abuse of a client by a regulated health professional;
- a court order or other lawful requirement;
- regulatory or professional obligations; or
- other circumstances in which disclosure is legally authorized or required.

Only information that is relevant and necessary will be disclosed where disclosure is required or permitted.

Where legally and clinically appropriate, the client will be informed before disclosure

5. PERSONAL HEALTH INFORMATION, RECORDS, AND PRIVACY

A clinical record is maintained as required by professional and legal requirements. Information ordinarily collected may include information relevant to assessment, treatment, clinical observations, treatment planning, progress, communication, and other information necessary for providing and documenting care. Personal health information may be collected, used, and disclosed for purposes related to providing and coordinating care, maintaining the clinical record, billing and payment, insurance documentation where authorized, legal or regulatory requirements, and other purposes permitted or required by law.

Clients have rights concerning their personal health information, including applicable rights to access their records and request corrections.

Reasonable safeguards are used to protect personal health information from unauthorized access, use, disclosure, loss, or theft.

Clients may contact the Information and Privacy Commissioner of Ontario (IPC) regarding concerns about privacy and may contact CRPO regarding concerns about the professional conduct of a Registered Psychotherapist.

6. ELECTRONIC COMMUNICATION AND VIRTUAL PSYCHOTHERAPY

Psychotherapy may be provided virtually using electronic communication technologies.

Before using such technology, the client will be informed about its intended use, the types of information ordinarily communicated, relevant risks and limitations, and measures taken to protect confidentiality.

Clients are encouraged to:

- participate from a private and secure location;
- use a private internet connection where reasonably possible;
- use headphones when appropriate;

avoid recording sessions unless discussed and agreed upon in advance; and take reasonable steps to protect their own privacy.

Electronic communication such as email or text messaging may carry privacy and security risks. These methods should generally be used for scheduling and administrative communication rather than for urgent clinical matters.

Technical interruptions may occur. Reasonable efforts will be made to reconnect or arrange an alternative appointment if necessary.

For virtual sessions, the client may be asked to provide their current physical location, particularly when clinically relevant to safety planning or emergency response.

7. FEES AND PAYMENT

A 15-minute complimentary consultation may be available before regular services begin.

Current fees:

Individual psychotherapy: \$150 per session, 50–60 minutes

Couples psychotherapy: \$180 per session, 90 minutes (1.5 hours)

Payment is due at the time of service unless another arrangement has been agreed upon in advance.

Fees may be reviewed or changed with reasonable notice.

Clients are responsible for understanding the financial arrangements associated with services, including cancellation fees and any portion not covered by an insurance or benefits plan.

8. CANCELLATION AND MISSED APPOINTMENTS

Clients are asked to provide at least 24 hours' notice when cancelling or rescheduling an appointment.

- 24 hours or more notice: No cancellation fee.
- Less than 24 hours but 12 hours or more notice: 50% of the scheduled session fee will be charged.
- Less than 12 hours' notice or a missed appointment/no-show: 100% of the scheduled session fee will be charged.

Current cancellation fees are therefore:

- Individual psychotherapy: \$75 for 50% / \$150 for 100%
- Couples psychotherapy: \$90 for 50% / \$180 for 100%

Exceptions may be considered in cases of a genuine emergency or significant unforeseen circumstance, at the practitioner's discretion.

Cancellation and missed-appointment fees may not be reimbursed by insurance or extended health benefit plans and remain the client's responsibility.

9. INSURANCE AND EXTENDED HEALTH BENEFITS

Clients are responsible for confirming whether services provided by a Registered Psychotherapist (Qualifying) and/or Canadian Certified Counsellor are covered by their insurance or extended health benefits plan.

Clients are also responsible for determining whether their insurer requires a physician's referral, prescription, diagnosis, treatment plan, receipt, or other documentation.

Payment is made directly to the practitioner, and an appropriate receipt is provided. Insurance reimbursement is not guaranteed.

Any clinical information provided to an insurer will be limited to what is appropriate, authorized, and required for the stated purpose.

10. COUPLES PSYCHOTHERAPY

Couples psychotherapy is provided to the couple as a therapeutic unit, with treatment focused on the concerns and goals identified within the relationship.

Both partners are considered participants in the therapeutic process. The therapist does not act as an advocate, lawyer, mediator, or representative for either partner.

Both partners are expected to participate respectfully and honestly and to contribute to a therapeutic environment that supports safety and constructive communication.

Confidentiality in Couples Therapy

Couples therapy has different confidentiality considerations from individual psychotherapy. Information shared during a joint couples session is considered part of the couples' clinical information. The therapist will explain how individually disclosed information will be handled before or during treatment.

If one partner communicates privately with the therapist outside the joint session, the therapist may need to consider whether and how that information can appropriately be used in the couples therapy process.

Clients should not assume that information privately disclosed to the therapist will automatically be kept exclusively from the other partner when doing so would interfere with the therapeutic relationship or treatment of the couple.

The therapist will establish and maintain appropriate boundaries regarding private communications, records, and disclosures and will address confidentiality concerns with the clients as clinically and legally appropriate.

Where access to a clinical record is requested in couples therapy, information relating to other participants will be protected in accordance with applicable privacy legislation.

11. CHILDREN, YOUTH, AND SUBSTITUTE DECISION-MAKERS

Consent to psychotherapy is based on the individual's capacity to understand and appreciate the relevant information and consequences of the proposed service.

There is no automatic assumption that a parent or guardian must consent simply because a client is under 18. Where a client is capable of providing consent, the client's consent will be respected in accordance with applicable law.

Where a client lacks capacity to consent to treatment, or to particular financial or contractual aspects of the service, an appropriate Substitute Decision-Maker (SDM) may be involved as required.

The practitioner will consider the client's age, maturity, capacity, circumstances, and applicable legal requirements when determining the appropriate consent process.

12. EMERGENCY AND CRISIS SERVICES

Psychotherapy services are not an emergency or crisis service, and the practitioner is not available for continuous or immediate support between appointments.

If a client is experiencing an emergency or believes they are at immediate risk of harming themselves or another person, they should call 911, attend the nearest emergency department, or contact an appropriate local crisis service.

Clients should not use email or text messaging to seek emergency assistance.

13. CLINICAL SUPERVISION

As a Registered Psychotherapist (Qualifying), the practitioner practises under clinical supervision as required by CRPO.

Where clinical consultation or supervision involves discussion of a client's case, reasonable steps are taken to protect the client's privacy and confidentiality, and information is shared only as appropriate for professional consultation, supervision, legal requirements, or other permitted purposes.

15. CLIENT ACKNOWLEDGEMENT AND CONSENT

By signing below, I confirm that:

I have read and understood this informed consent form.

I have had an opportunity to ask questions and have received satisfactory answers.

I understand the nature and purpose of the proposed psychotherapy services.

I understand the potential benefits, material risks, limitations, and alternatives to psychotherapy.

I understand that psychotherapy does not guarantee a particular outcome.

I understand that consent is voluntary and ongoing and may be withdrawn, subject to applicable legal and professional requirements.

I understand the limits of confidentiality.



I understand how my personal health information will be collected, used, stored, and disclosed.
I understand the considerations associated with electronic communication and virtual psychotherapy.
I understand the fees, payment arrangements, cancellation policy, and my financial responsibilities.
I understand that insurance reimbursement is not guaranteed.
I understand that psychotherapy is not an emergency or crisis service.
I understand that, where applicable, clinical supervision may involve appropriate professional consultation regarding my care.
I understand that the appropriate consent process for a minor or a person who lacks capacity may involve an SDM where required.

Client Name: _____
Date of Birth: _____
Preferred Name: _____
Preferred Language: _____
Consent
Client Signature: _____
Date: _____

If an SDM is involved
Name of Substitute Decision-Maker: _____
Relationship/Authority: _____
Signature of SDM: _____
Date: _____

Practitioner
Katrín Manouchehri, RP(Q), CCC
Signature: _____
Date: _____

For couples therapy: Each participating partner should complete and sign the consent process individually.

Partner 1 Name: _____
Signature: _____
Date: _____
Partner 2 Name: _____
Signature: _____
Date: _____