

PLEASE READ FIRST

Dear New Client,

You have made the decision to enter into a process of counselling in order to enhance your goals of healthy living. Thank you for your trust and commitment to this journey in your life. As your therapist it is my honour to assist you in reaching your objectives.

Your careful consideration of each of the enclosed forms will enhance my ability to assist you in developing treatment goals, and will help us make the most of our time together. There is a lot of material to cover, so please allow yourself enough time to comfortably review each form before your first appointment.

Should you have any questions, please feel free to call the office at 519-772-0292 and I will return your calls as soon as possible.

Thank you for your time, and I look forward to beginning this process with you.

Fimke Van Muyen, MSW, RSW

Office Policies

To facilitate the efficiency of the office, and to ensure that you will derive the maximum benefit for the care provided, the following office policies have been established:

1. In order to keep accounts to a minimum full payment is required at the time of your visit. We accept cash, cheque, debit, Visa and Mastercard. Thank you for your cooperation.
2. If at all possible, we have a 24 hour cancellation policy in effect in the event that you cannot make your appointment so that someone on the waiting list could be accommodated. We understand that there are extenuating circumstances, which will be taken into consideration; however chronic missed appointments will be billed for 50% of the appointment fee. Our answering machine is available during off hours to take any messages.
3. With the number of patients that are thoroughly interviewed, timing is crucial. For the respect and convenience of our clients and for the efficiency of the clinic we are required to keep scheduled appointments on time. However, complications and emergencies do arise on both ends, which again will be taken into consideration. Please note that when you arrive late for your appointment, only the balance of time that was booked for you can be used.
4. Telephone consultations provide a professional service and such may be subjected to a fee on the discretion of the Therapist.

Fimke Van Muyen, MSW, RSW

Fimke Lori Van Muyen, MSW, RSW

Counselling Agreement

The decision you have made to engage in counselling or therapy is a serious decision that requires commitment to enter into the process of self-awareness and change. In order to develop a trusted and productive counselling relationship the following information is provided for your understanding and consent.

Our initial assessments may take a few sessions in order to help clarify your personal treatment goals and to determine whether or not to begin this process together. You are in charge of your counselling experience and you are encouraged to collaborate with me in order to develop mutually agreed upon goals that make sense for your life and circumstances.

How therapy works: When the making the decision to begin therapy the motivation is to get rid of or reduce emotional pain. Often after the first few sessions you will feel some relief. It is not uncommon though that after a few more sessions you may begin to feel pain on a deeper level—a sign that real work is beginning. Sometimes when this happens clients feel discouraged and wish to end treatment, or skip therapy sessions. While it is your choice as to whether or not to continue therapy, it is important that you understand that working through these challenging times is critical for your healing. As your therapist I will offer you a safe place to explore these feelings and give you the support and tools you need to come through these challenging times. Should you need extra outside support, I will provide the appropriate referrals.

Confidentiality: By law, anything we discuss in person, or over the phone, or in writing shall remain confidential. I am required by OCSWSSW licensing to keep a written record of our sessions that will briefly document your treatment goals and progress. These records are confidential and I cannot share them without your expressed written consent. They can, however, be subpoenaed should you be undergoing any legal problems. My notes are written with this in mind in order to protect you, the client.

There are also certain circumstances in which I am mandated by law to break confidentiality. They are:

1. Should you plan to harm yourself
2. Should you plan to harm someone else
3. Should you be involved or know of any abuse or neglect to a child, elderly person, or person with a physical or mental disability

In order to provide you with the best care, I may at times find it helpful to collaborate with some of your other health providers. I will only do so with your written permission and I will discuss with you what I would share.

Appointments & cancellation policy: Our appointments will run approximately 50 minutes and will be scheduled in a way that benefits your treatment goals. Each session will be Usually the appointments will take place weekly, bi-weekly, or monthly depending upon your time commitments and the nature of your treatment goals and the support you require.

Should you need to cancel your appointment please notify the office 24 hours in advance In order to accommodate clients who are on a waiting list. We understand that there are extenuating circumstances, which will be taken into consideration; however chronic missed appointments will be billed for 50% of the appointment fee. Our answering machine is available during off hours to take any messages.

Length of therapy and termination: How long you will be in therapy will depend upon your treatment goals and any obstacles we uncover along the way. My hope however is to help you through this process at a pace that is comfortable for you, but also provides steady progress. You do not need to be in therapy for years in order to accomplish your goals, thus my commitment to you is to assist you in moving past this time in your life as quickly as possible. Ultimately how long you remain in therapy is up to you, but how we say goodbye is a valuable part of our work together. Terminating a therapeutic relationship may take a few sessions, but will add greatly to your continued life journey.

Fee schedule - As of November 1 2012

Therapy sessions:

*These services are not yet covered by OHIP, but may be covered by extended health care plans

*HST is not charged for mental health therapy appointments provided by a registered Social Worker

Individual therapy session (50 minutes)	\$95.00
Extended therapy session (80 minutes)	\$140.00

I have read and understand the above agreement:

Name (print): _____

Signature: _____ Date: _____

THERAPY CLIENT INTAKE

PATIENT INFORMATION

Date _____

Name _____ Sex: M F

Age _____ Date of Birth _____ (day/month/year)

Address _____

Phone (home) _____ (work) _____ May we leave messages? Y N

Occupation _____ Full time or Part time? _____

Marital Status:

Single Married Separated Divorced Engaged Common-law Partner

Since what year? _____

Partner's Name: _____
Last Given Name(s)

Partner's Date of Birth: ____/____/____ Partner's Gender _____
DD MM Year

Partner's Address if different from your own:

Address: _____
Street Apt # City Postal Code

EMERGENCY CONTACT

Name _____ Relationship _____

Phone (home) _____ (work) _____ (cell) _____

Address _____

Children or Dependents:

First Name	Last Name	Relationship	Year of Birth

How were you referred? Self _____ Physician _____ Other _____

Have you had counselling in the past? Yes No

If yes, for how long? _____

Answering the following questions will help you prepare for therapy and will assist your therapist in working with you to reach your goals for therapy.

If you are coming for couple therapy, it would be helpful if you both complete the questions independently.

What do you want to talk about in counselling? Please state your main goals and concerns

Goals	Concerns

How long have you had your concerns? _____

How are these concerns interfering in your life right now? _____

What have you tried that has helped at times? _____

Would you like anyone in your family join you in counselling (family or friends)?

Do you think that you or anyone in your family is at risk for any reason? Who? Please explain:

For the following questions please scale your level of concern on a scale of 0 – 10 (with 0 being no concern at all and 10 being highest).

Is there a concern about any medical problems or the use of medication?

Level of concern: ____ Please explain: _____

Is there a concern about alcohol or drug abuse? Level of concern: ____ Please explain: _____

Is there a concern about violence in your life? Against you or from you? Level of concern: ____

Please explain: _____

Is there any concern about suicide? Level of concern: ____ Please explain: _____

Is there anything else that you would want your therapist to know about prior to your appointment?

Thank you for completing this form.

Patient Consent Form For Collection, Use And Disclosure Of Personal Information

Privacy of your personal information is an important part of our clinic, while providing you with quality naturopathic care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We will be as open as possible about the way we handle your personal information.

In this clinic, Robin Walsh, N.D. and Kristijana Rakic, ND, act as joint Privacy Information Officers.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Our privacy policy is available for your review upon request. It outlines what our clinic is doing to ensure that:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols.
- Our privacy protocols comply with privacy legislation and standards of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy.

How Our Clinic Collects, Uses And Discloses Patients' Personal Information

Our clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our clinic is using and disclosing your information.

The clinic will collect, use and disclose information about you for the following purposes:

- To assess your health concerns
- To provide health care
- To advise you of treatment options
- To establish and maintain contact with you
- To send you newsletters and other information mailings
- To remind you of upcoming appointments

- To communicate with other treating health--care providers
- To allow us to efficiently follow up for treatment, care and billings
- To complete claims for insurance purposes
- To comply with legal and regulatory requirements of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy, acting under the authority of the Drugless Practitioners’ Act.
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist this clinic to comply with all regulatory requirements
- To comply generally with the law
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information as outlined above.

Patient Consent

I have reviewed the above information that explains how your clinic will use my personal information and the steps your clinic is taking to protect my information.

I agree that Vibrant Living can collect, use and disclose personal information about:

(print full name of patient)

as set out above in the information about the clinic’s privacy policies.

Signature of Patient

Date