

Nan Keyser Psychotherapy

Consent to Services Form

Important Information for Clients

This form is to document that I/we _____ give permission and consent to Nan Keyser M.Ed. who is an accredited psychotherapist, to provide psychotherapy me/us and/or my child _____.

Professional Qualifications

I understand that Nan Keyser M.Ed. is a psychotherapist and clinical member of the Ontario Society of Psychotherapists. She has a Master's Degree in Counselling Psychology from OISE/UT, and has completed several certifications in individual and couple counselling and psychotherapy. She is registered with The College of Registration of Psychotherapists of Ontario and her registration number is 002435. Contact information for the College is as follows: College of Registered Psychotherapists of Ontario 163 Queen Street East Toronto ON M5A 1S1 Tel: 416 862-4801 or 1-888-661-4801 Fax: 416 874-4079 info@crpo.ca

Office Hours

Office hours are normally 9:00 a.m. to 5:00 p.m. Tuesday through Friday. Some late afternoon or early evening therapy appointments may also be available upon request. The usual interview lasts 55 minutes for individuals and 70 minutes for couples. The number of sessions will vary according to need.

Insurance Coverage

Psychological services are not covered by O.H.I.P. Nan Keyser may accept some forms of private insurance. I understand that I may be asked to sign another consent form if I wish to pay by insurance.

Payment for services

Payment for services is due at the end of each session and a receipt will be given when requested. in advance. Please retain this receipt for your insurance, if applicable. Fees vary according to the time and nature of the service involved.

Cancelled and Missed Appointments

*In order to maximize the effectiveness of psychotherapy 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 48 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*
- 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*

Privacy of Personal Information and Accessibility Service Policy

I understand that Nan Keyser will collect some personal information about me. I understand that I have the right to review and the right to a copy of my personal information, barring a few rare exceptions. I understand that clinical records will be kept for 10 years.

Consultation

In conformance with ethical guidelines and to assume the highest quality care, I may occasionally discuss your treatment with other licensed mental health professionals but your anonymity will be maintained whenever possible. The professionals consulted are also legally bound to keep the content of our consultations confidential.

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 psychotherapy.

Would you like feedback to be provided to your physician?

Yes No Undecided

Signature of Client: _____

Date: _____

Contact Information

Name:

Date of Birth:

Address:

Contact e-mail and telephone number: