

Consent Form

Personal Information

File number: _____

Name : _____

Gender: _____

Date of Birth : _____

Address : _____

Home Phone # : _____

Cell phone #: _____

Emergency Contact Information

Name: _____

Tel #: _____

This form describes the policies of psychotherapeutic services offered by Andréanne Kyle, M.A., R.P. Please read through this document and feel free to ask questions before making an informed decision.

Services

Andréanne Kyle, M.A., R.P. has a Master's in Counseling and Spirituality from Saint Paul University and is a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO). She offers private and confidential individual psychotherapy services under the supervision of a clinical psychologist, Patrick Lascombe, who is a member of the College of Psychologists of Ontario (CPO). This supervision provides regular follow-up for appropriate support, to meet the specific and changing needs of the clientele.

This type of service entails a supportive, emphatic, respectful and collaborative relationship, requiring considerable effort, willingness to try new things and sharing of sensitive / personal information which, at times, may be distressing. At any time, you may reserve the right to not answer questions or participate in exercises / interventions if you do not wish to do so. The possible benefits of these services include increased awareness, improvement in self esteem / overall mood and positive shift in interpersonal relationships.

Supervised Practice

The Clinical Supervisor is directly responsible for clients; as such client information and files are shared with Patrick Lascombe for professional training purposes only. At times, the Clinical Supervisor may request to meet with a client. In addition, the client has the right to request a meeting with the Clinical Supervisor about concerns / questions.

Professional Ethics

In her practice, Andréanne Kyle, M.A., R.P. adheres to ethical standards consistent with those established by the CRPO. Confidentiality is an intrinsic part of the psychotherapy services offered by Andréanne Kyle, M.A., R.P. Any information collected during sessions is treated confidentially and can not be disclosed to a third party unless permission is given by the client. Without your permission, no information about you or your file can be disclosed to anyone except the Clinical Supervisor.

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However, the confidentiality rule, as stipulated by law and standards established by the CRPO, does not apply in the following cases:

- If there is reason to believe that you pose a danger to yourself or others;
- If there is reason to believe that a vulnerable person (under the age of 18, over 65 or with a developmental disability) is the victim of abuse or neglect (physical, sexual, emotional);
- In the case of a Court Order or an examination by a designated professional College;
- In a case of aggression or sexual harassment by a health professional;

Client files are stored securely, under lock and key, to maintain confidentiality of the information. The consultation of your file is possible at any time, in the presence of the therapist, on the other hand, no information can be withdrawn, without written consent.

Links with other professions

Andréanne Kyle, M.A., R.P. is aware clients' needs and can assess, with the help of the Clinical Supervisor, that another professional would be better able to meet certain requirements. In such cases, a discussion will take place with the client.

Fees and payment

Psychotherapy sessions last 50 minutes and are priced at \$140 (subject to change) per session. The payment must be made at the beginning of each session, before services are rendered, either by electronic transfer, Visa, Mastercard, American Express, debit or exact cash. A receipt will be issued for each session. It is understood that no session will take place without payment. It is the client's responsibility to verify with their insurance provider if sessions will be reimbursed.

Cancellation of appointments

If you need to cancel an appointment, a notice of 24-hours is required (48-hours if done online via the DocMeIn booking site). Missed or cancelled appointments within a 24-hour period will be charged **(please note that a non-confirmation of an appointment is not a cancellation)**. You can reach Andréanne Kyle, M.A., R.P. at (613) 290-9563 to notify her of your cancellation.

Consent

I, _____ (print name), have read the information outlined in this document, including confidentiality and its limits. I understand these policies, and have had an opportunity to discuss them with the therapist. I, hereby accept, Andréanne Kyle, M.A., R.P.'s psychotherapeutic services. Furthermore, by signing, I consent to the use of the DocMeIn booking site.

I agree with the conditions set out above, recognising that I can revoke this consent and terminate psychotherapy.

Client's Signature: _____ Date: _____

Guardian's Signature (if required): _____ Date: _____

Therapist's Signature: _____ Date: _____

If you have any questions about this document, please speak to your psychotherapist.