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## **INFORMED CONSENT FORM**

*Updated August 2022*

Amy Di Nino RP, MA, MTA, ARCT, NMT (she/her) is a Registered Psychotherapist (#008005) in the province of Ontario.

### **Description of Services**

According to the Canadian Counselling and Psychotherapy Association (CCPA), counselling and psychotherapy involve the skilled and principled use of relationships to facilitate self-knowledge, emotional acceptance and growth and the optimal development of personal resources. The overall aim is to provide an opportunity for people to work towards living more satisfactorily and resourcefully.

### **Risks and Benefits**

Psychotherapy may involve the risk of remembering unpleasant events, feeling unfamiliar sensations, or arousing strong or unanticipated feelings or memories. You may face issues or aspects of yourself that are uncomfortable, and therapy may lead to unforeseen changes in your relationships or take you outside of your comfort zone to explore and expand your growing edge. Benefits may include an increased ability to live more effectively by improving your ability to cope with a variety of stressors and life challenges. You may also gain a better understanding of yourself, your goals and your values, which will assist you in your personal and career growth. You may experience relief or resolution of trauma symptoms, and develop skills, increased resiliency and a healthier relationship with yourself and others. Additional benefits are described on The Refuge's website.



## **Outcomes and Ethics**

The outcome of counselling and psychotherapy is difficult to predict or guarantee, since it is dependent on several factors, such as the fit between you and your therapist, current adverse conditions that are actively contributing to your symptoms, and your readiness and willingness to work towards set goals. However, Amy will do her best to help you to handle the risks safely and experience at least some of the benefits. If you have any questions or concerns, Amy encourages you to discuss these with her at any point. You may also direct your questions to the College of Registered Psychotherapists of Ontario. For more information, click on [www.crpo.ca](http://www.crpo.ca)

## **Age of Consent to Service**

Children who are not considered mature minors are required to have parental or guardian consent to participate in therapy. Whether or not the parents live together or live with the child(ren), the consent of all parents with legal custody is required for their children to participate in therapy. If only one parent chooses to attend family therapy, they must have the other parent sign the Parental Consent form for the parents who are not participating in therapy. High school-age children may be considered mature minors and may consent to their own care and treatment if they are found to have the ability to understand the risks and benefits of treatment. In these cases, parents can expect to receive general updates about their child's progress at Amy's discretion and will be informed if the mature minor is found to be at risk. At such a time the family would be expected to take part in problem-solving.

## **Your Responsibilities**

Personal commitment to therapy is crucial for success. In order to maximize the effectiveness of therapy services, you should make counselling a priority. It is important that you be active, open and honest with Amy. Your most important responsibility is to work toward the goals you and Amy have agreed upon. Seeing a therapist is often enhanced with additional efforts made between sessions, such as: thinking about the material covered in your sessions, monitoring the behaviours you are trying to change, reading a book or article, completing worksheets, practicing a new skill, writing or other creative projects in self-expression, or taking other concrete actions to support your growth. It is your responsibility to tell Amy when you are uncomfortable with any parts of the treatment. If you have any questions, please ask and she will do her best to answer your questions in full.

## **Confidentiality**

Amy respects the privacy of her clients, holds in strict confidence all information about clients and complies with applicable privacy and other legislation. No information will be released to a third party without your prior written authorization. At any time, you have the right to withhold or withdraw consent to, or place conditions on, the disclosure of your information. Exceptions to confidentiality include the legal and/or ethical obligations for your therapist to:

(1) When a client indicates they are at risk to hurt him/herself or others, such as when there is a danger of suicide or assault. In these situations, a therapist may need to take additional steps to ensure safety.



(2) When a therapist has reason to believe that a child under age 16 is in need of protection from physical abuse, sexual abuse, serious emotional abuse or neglect. This includes situations when physical abuse or high levels of conflict are occurring between adult family members and there is a child (or children) in the home. It also includes situations when a client reports that a child is not being adequately supervised and is at risk of harm. It also includes situations when a client discloses that s/he was abused in childhood and there is a possibility that the person who was abusive may be a danger to other children now. In these situations, Family and Children's Services needs to be contacted.

(3) When a client reports a reasonable suspicion that a resident of a long-term care facility regulated by the Long Term Care Facilities Act of Ontario (such as a seniors residence or nursing home) is being physically abused by anyone, and /or has suffered or may suffer harm as a result of unlawful conduct, neglect, or improper or incompetent care by staff in the home. In these situations, it may be necessary to report it to the provincial Director of Nursing Homes.

(4) When a client discloses that s/he has been sexually abused by another helping professional who is a member of a profession regulated by the Regulated Health Professions Act of Ontario (e.g., psychologist, medical doctor, physiotherapist, etc.) or the Social Work & Social Service Workers Act of Ontario, it may be necessary to report the name of the professional (not the client) to the relevant college.

(5) When a therapist is mandated by law to disclose information. This may include situations where a therapist is subpoenaed or ordered to testify in court.

(6) In a situation of the unexpected death or illness of the therapist, you may be contacted by a representative who is acting on behalf of the therapist. This representative will be obliged to ensure confidentiality as the therapist does and will provide you with an appropriate referral.

While these events are rare, they do exist. However, Amy's overall goal is to make this a place where you feel comfortable talking about personal concerns. Amy will also consult with other professionals for guidance specific to the therapeutic modalities she uses, to provide you with the highest quality care. Information provided in these other contexts will be anonymous.

### **Crisis & In Case of Emergency**

Emergency services are not available between sessions by Amy. In case of emergency, dial 911, go to the nearest emergency department of any hospital, or call your local crisis lines. Amy is unable to provide services to clients in acute crisis and outside of regular business hours. Should you be in crisis between sessions please call Here 24/7 at 1-844-HERE-247 or go to the nearest Hospital Emergency Department.

### **Electronic communication (e-mail, texting)**

Electronic communication is generally used for scheduling appointments only. However, due to the nature of digital technology, the complete security and privacy of e-communications cannot be guaranteed as information may be intercepted, lost, corrupted, or infected, or someone may access your computer.



## **Online Therapy**

For our sessions, Amy uses a secure videoconferencing line through a program called Zoom. Prior to our first session, Amy or Amy's administration will send you the link for the call. Before our first call, please click on it to ensure it is working. You may be required to do a one-time download of the applicable software. If it does not work for you, please try a different browser. For all online video sessions please ensure that you have a good connection/good reception. For your privacy and to receive the most benefit from our work together, Amy request that you ensure you have a quiet, private space where you feel comfortable and will not be interrupted or overheard during our session.

## **Online Scheduling**

The online booking system Amy uses is Calendly. It takes your name and email. Please use your name or the name of the person receiving the sessions. If you would prefer not to use this site, you can email Amy's administration directly to set up a session at [abby@connectinginrhythm.com](mailto:abby@connectinginrhythm.com). Links to book sessions can also be found at [connectinginrhythm.com/services/psychotherapy](http://connectinginrhythm.com/services/psychotherapy)

## **Social Media**

Guidelines regarding privacy and confidentiality do not allow therapists to accept requests for personal or professional connections on social media sites such as Facebook or LinkedIn. Though Amy may use social media sites as a form of advertisement, clients are in no way obliged to participate in these forums.

## **Record Keeping**

Therapists in Ontario are required by law to keep a record of each contact and therapy session with a client. Records are kept for a minimum of 10 years after a client turns 19 years of age. All information is maintained in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) of the Federal Government of Canada and the Personal Health Information and Protection Act (PHIPA) of the Province of Ontario. This means that all personal information obtained, used, and disclosed in therapy sessions is done so with your consent. Your personal information is protected by specific safeguards including locked cabinets and computer passwords. You may request a copy of your records for a reasonable fee. Please note that records cannot be released when they contain the name of another person and that reports from other professionals cannot be released without the consent of that professional.

## **Payment Policy**

- Limited sliding scale rates are possible depending on financial circumstances. Please contact Amy to discuss this.
- Work done outside of sessions (letters, reports, resume writing, check-in calls, consultations with other professionals, etc.) is also charged by the hourly rate.
- Full payment is required at the end of each scheduled appointment or at the end of the month (Unless otherwise discussed with Amy or Amy's Administration) in the form of cash, credit card, personal cheque (made out to Connecting in Rhythm) or eTransfer to [amy@connectinginrhythm.com](mailto:amy@connectinginrhythm.com)



- In the event that payment is not received for an appointment, clients will be given the opportunity to do so and if payment is still not made, Amy reserves the right to employ the services of a collection agency to recover unpaid fees.
- A \$25 service charge will be added to the amount owing for NSF cheques.

### **Receipts and Invoicing**

For receipts and invoices, Amy uses an online invoicing system called Quickbooks. Generally, Amy's administration will email you a receipt or invoice after the session or at the end of the month. Should you wish to receive your receipt in a paper copy, Amy will accommodate that. You can find more about Quickbook's privacy policy here:<http://www.intuit.ca/about-intuit-canada/info/privacy-policy.jsp>

### **Extended Health Insurance**

Amy's services are sometimes covered under extended health benefits. Please verify with your insurance plan if you have coverage for a Registered Psychotherapist (College of Registered Psychotherapists of Ontario), for a master's level therapist (Master of Science in Couple and Family Therapy), or if you have a health spending account. Amy will collect your payment directly, and you will then be provided with a receipt via email to be submitted to your insurance company for reimbursement. It is your responsibility to contact your insurance company in advance of starting therapy to determine your annual coverage and whether you need a referral from a medical professional, as each insurance plan is different.

### **Cancellations and Missed Sessions**

Please contact Amy (or Amy's Administration) by phone or email to change your appointment with at least 24 hours' notice if you are unable to keep your scheduled time.

- Cancellations within 24 hours of the session will be billed at half the hourly rate.
- Missed sessions are billed at the full cost of the scheduled appointment.
- If you cancel or miss more than 3 consecutive appointments, or fail to respond to Amy's attempts at contacting you, Amy reserves the right to discontinue your treatment and you will be provided with information about other services that might be of assistance if this is of interest to you.
- Fees for missed or cancelled sessions are not typically covered by extended health benefits plans.

Cancellation or missed session fees will only be waived on compassionate grounds, such as in the event of a medical emergency requiring urgent professional treatment, death in the family, dangerous weather conditions or the event of an accident or natural disaster.



**Informed Consent**

Informed consent for psychotherapy and counselling is essential and out of respect for your right to choice and self-determination. Consent must be given voluntarily, knowingly and intelligently. You have the right to change your mind and withdraw informed consent at any time, terminate treatment, or refuse a particular treatment modality if you are not comfortable with it.

**Statement of Informed Consent**

I have read and understand the information presented in this document. You hereby consent to psychotherapy and counselling services offered by Amy DiNino.

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Client Name (Print)

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Client's signature (or parental figure is required)

Date

*I have read and understand these terms of service.*



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Therapist signature: Amy DiNino RP, MA, ARCT, MTA, NMT.

Date

*I have explained these terms of service.*