CLIENT INFORMATION

Name: _____ Date: _____
Address: _____ City:_____ Postal Code:_____
Phone number safe to call: _____(home) _____(cell)

Date of Birth: _____ Email: _____

Marital Status:
❒ Never Married ❒ Common Law ❒ Married ❒ Separated ❒ Divorced ❒ Widowed

Please list any children/age: _____
Occupation: _____ Education Level: _____

How did you hear about us?
❒ Psychology Today ❒ Website ❒ 211 ❒ VCARS ❒ Dr. Referral ❒ Friend ❒ Other _____

Emergency Contact name and relationship: _____
Emergency Contact phone number: _____(day)_____(evening)

Reason for seeking counselling:
_____
_____
Present Illnesses:
_____
Present Medications:
_____
Alcohol Use (Please Describe): _____
Drug Use (Please Describe): _____

Name of Physician:_____ Address: _____
City:_____ Postal Code:_____ Phone:_____
Would you permit Roca Counselling to discuss your progress with your physician upon occasion, if appropriate? YES NO

FOR DIRECT BILLABLE INSURANCE:
Extended Health Insurance Provider:_____ Policy No.: _____
I.D. # _____ Claim/Cert#:_____Coverage: _____

ACKNOWLEDGEMENT OF INFORMED CONSENT TO TREATMENT

LIMITS OF CONFIDENTIALITY

The law protects the privacy of all communications between a client and a therapist. In most situations, we can only release information about your treatment to others if you sign a written authorization form. There are other situations that require only that you provide written, advance consent. Your signature on the accompanying Acknowledgment of Informed Consent to Treatment form provides consent for those activities, as follows:

CONSULTATION: Your therapist may occasionally find it helpful to consult with other professional members about a case. If you don't object, your therapist will not tell you about these consultations unless he or she feels that it is important to your work together. Your therapist will note all consultations in your Clinical Record.

DUTY TO WARN & PROTECT: When a client discloses intentions or a plan to harm another person, the mental health profession is required to warn the intended victim and report the information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

ABUSE OF CHILDREN & VULNERABLE ADULTS: If a client states or suggests that he/she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

COURT ORDER OR SUBPOENA: Upon receipt of such a document, Roca Counselling, will make every effort possible within the scope of it's resources to resist the release of records or files of clients. We will contact and inform you of the order and the steps we are taking.

CONCLUSION: Your signature below on the Acknowledgement of Informed Consent to Treatment form indicates you have read the information in this document and agree to abide by its terms during our professional relationship.

_____ _____

Client Signature Date

_____ _____

Therapist Signature Date

CANCELLATION AND PAYMENT POLICY

CANCELLATION NOTICE: Roca Counselling Services requires a minimum period of 24 hours notice prior to your appointment to cancel your scheduled session for day sessions and 48 hours notice for evening sessions (4pm, 5pm, 6pm). In the event that the required notice is not provided and the session cannot be filled, the fee for the missed appointment will be incurred.

PUNCTUALITY: It is the responsibility of the client to arrive on time for the appointment in order to assure the full 50 minutes of therapy. If the client is late, it is not guaranteed that the full time will be received; however the full 50 minutes will be billed to the client.

PAYMENT: The current fee for service is $120.00 / session. It is the responsibility of the client to provide payment by VISA, MASTERCARD, or E-TRANSFER to jendelaroca@yahoo.ca for services rendered for each session. Please note, if credit card is used, there is a $2 surcharge.

It is the responsibility of the client to ensure that any insurance benefits cover Registered Social Worker, MSW, RSW. A receipt is emailed with all required information to claim on insurance benefits. In the event of a session occurring by phone, payment is to be brought up to date at the following weekly session. If your account does become past due, late charges are based on 3 percent of your past due balance per annum. In the event that an account becomes delinquent, further collection action may commence.

TERMINATION OF SERVICES: At the conclusion of therapy, or in the event therapy must end before set out goals are achieved, please notify the therapist as soon as possible in order to facilitate an amicable and structured conclusion to set you on your way.

CONCLUSION: It is the hope and objective of Roca Counselling to maintain a reputable relationship of integrity with clients in order to facilitate the process of healing, growth, and progression.

I, the undersigned, agree to abide by the above stated Cancellation of Appointment and Payment Policy as set out by Roca Counselling Services.

_____

Name

_____ _____

Signature Date