



Consent to Treatment

Psychotherapy/Counselling is a therapeutic healing avenue by which relational, mental, emotional and psychological concerns can be addressed. Through this therapeutic relationship, your therapist will provide a calm, confidential space in which you can explore the concerns and pursue the goals most important to you. Therapy involves exploration of sensitive, confidential and challenging topics thus there may be times where clients experience heightened distress. While many clients report a decrease in upsetting symptoms as a long-term result of therapy, the outcome is unique and subjective to each person.

Confidentiality:

All information you share in therapy sessions will be kept confidential and will not be shared with others without your informed consent. This includes information regarding your therapy attendance and topics discussed in sessions.

Personal information and session notes will be stored in a locked filing cabinet. As per industry standards, notes will be kept for 7 years – at which time inactive client files will be securely disposed of.

As part of professional development, your therapist regularly consults with a supervisor and therapist colleagues. These professional relationships are bound by limits of confidentiality and no identifying personal details are shared.

Limits to Confidentiality:

There are rare instances in which a therapist is legally and ethically obligated to break client confidentiality:

- If you indicate plans or intent to cause serious harm or death to yourself or another person, your therapist is required to take action to ensure the safety of all those involved.
- If it becomes apparent that there is a minor or other vulnerable person experiencing abuse, your therapist will contact the appropriate authorities to address these concerns.
- If your files are required by law for court proceedings. Please note that therapists do not make good advocates in court as this impacts the therapeutic process and efficacy of service.

Please note that phone and video calls/emails/online messages are not guaranteed to be entirely confidential. By choosing to share information via these platforms, you are acknowledging that you understand the risks of these forms of communication. Haven Therapy Counselling uses an email service and video therapy platform (Zoom) that meets the industry standards for security.

In the event of an emergency that prevents your therapist from managing her affairs, all professional matters will be handled confidentially by Alana Buller of Whole Heart Counselling Therapy, a fellow CCPA certified therapist and professional power of attorney for Roshonna Plett.

Emergencies:

Should you need to contact Haven Counselling Therapy to discuss appointment scheduling, email and phone options are available. You will generally receive a response within 24-48 hours of your contact. Please note that Roshonna is not available for emergencies. If you are experiencing an emergency and require immediate assistance, please phone the Clinic Crisis Line (204 786 8686), Mobile Crisis Unit (204 940 1781) or visit the ER closest to you.

Fees:

One hour sessions are \$115 (including GST). Payment can be made via etransfer (info@havencounsellingtherapy.com) or using Visa or Mastercard via Square.

Should you need to reschedule or cancel an appointment, we require notice 24 hours in advance of your scheduled session. If you cancel/reschedule within the 24 hour window, there will be a fee of 50% of the session cost (\$57.50). Missed sessions with no prior notification will be charged the full session fee. No further appointments will be scheduled until all outstanding charges have been paid.

Direct billing is not available. Please keep your receipts from each session to provide to your insurance provider.

Should you require a letter written on your behalf, you will be billed the hourly rate according to time required by your therapist.

As a client of Haven Counselling Therapy, you are in charge of your therapy treatment. You determine what you are comfortable to share and which therapy modalities offered by Haven you prefer. You are also free to terminate therapy at any time. Your therapist encourages you to share regarding how therapy feels for you and to advise if there are ways your therapist can better support your process.

By signing this form you indicate that you have read, understood and agreed to the policies and expectations outlined above.

Client Signature _____ Date _____

Witness Signature _____ Date _____