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**CONSENT TO SERVICE**

**Risks and Benefits**

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings while working through challenges.  However, therapy has been shown to have many benefits.  Therapy often leads to a reduction in feelings of distress, a greater understanding of personal strengths, increased skills for managing difficult emotions, and strategies to overcome problems.  It’s important to remember that there are no guarantees about what will happen and we tend to progress as much as we are able to in that moment.

**Confidentiality**

While privacy in therapy is crucial to successful progress, parental/caregiver involvement can also be essential. It is the policy of Peace of Mind Youth Therapy Services not to provide services to a child age 13 and younger unless there is parent/caregiver involvement.

Youth who are 14 and older may attend therapy without having to share information about sessions. In this case, all communication will require the youth’s agreement, unless it is determined that there is a safety concern.

The information collected and discussed is strictly confidential and cannot be shared. There are only three specific conditions under which the law authorizes the sharing of information (breach of consent):

If information is subpoenaed by a court of law, when child abuse is suspected under the Child and Family Services Act, and when it is determined that a child / youth / caregiver may be a danger to themselves or others.

As we live in a small community, it is possible to have connections outside of the practice. This is referred to as a dual relationship, requiring clear boundaries. Should we see you, or your child / youth in another capacity, we will not discuss any information related to your involvement with services outside of session time. We will respond to questions / concerns related to services via phone or email within business hours. Should we see you, or your child / youth in the community, and do not know you in another capacity, we will not acknowledge you in order to protect your confidentiality.

Written and electronic information / files and reports are collected and stored in accordance with legal requirements. Files are protected in double locked storage, and are not stored electronically after the paper file is complete, and the file is closed.

**Crisis**

In the event of a crisis, please phone the Mental Health Crisis Line at 705-725-7656 / 1-888-893-8333, or 310-COPE (2673). You may also visit your nearest emergency department (RVH and Southlake have Pediatric Mental Health support services).

**Custody Disputes**

In a family arrangement where parents / caregivers live apart, a copy of the custody agreement may be requested. In a shared custody situation, both parties need to be informed prior to the delivery of services. In these situations, only information concerning the child / youth will be disclosed under the appropriate circumstances. We reserve the right to suggest postponing services should there be an ongoing custody dispute, or if one parent doesn’t consent and the child is under fourteen. Services, information and reports are not provided to support disputes between parties.

**Email and Zoom** are very convenient forms of communication and necessary in our virtual world. Although all attempts are made to ensure that email and zoom use are secure, it is never a guarantee. By participating in zoom and email communication, it is assumed that a client acknowledges risk, and gives their consent.

**Sessions and Rates**

**Clients are welcome to book sessions as they would like. The rate for a one-hour session is $80.00 + HST.**

**Please note that insurance providers have different coverage based on their designation requirements. Check with your provider for clarification if there is a concern.**

**An invoice will be provided and payment is due at the time of service. If an invoice is not settled at the time of service, it is subject to a $20.00 fee. Client’s will receive a reminder that they have an outstanding invoice from Freshbooks.**

**Should a session be missed, please provide 24 hours’ notice or the session is subject to the full fee.**

***In Typing my name, date and returning this consent form via email, I indicate that I have carefully read and understand Informed Consent and that I agree to its terms and conditions.***



**Contact**

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