



Resilience & Renewal Counselling

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Statement of Treatment Consent Form

The privacy and confidentiality of your personal information is a priority.

- I understand that my therapist will not divulge confidential information to any person without my informed, voluntary and written consent.
- I understand there are exceptions to legal confidentiality and professional ethics. Exceptions include but are not limited to Files subpoenaed by a court of law; Disclosed or suspected child abuse/neglect; and Perceived threats of violence/risk to oneself or to others (i.e. threatens to injure self or others, threatens suicide).
- Fees: Social Work services are billed at the rate of \$170.00 per therapy hour (50-minute session, with 10 minutes devoted to file review and progress notes).
- Payment options include E Transfer and Cash payments. A receipt will be provided to you for reimbursement/tax purposes. Although social work fees are not covered under the Nova Scotia's MSI Plan, many private extended health care plans cover part, or a significant portion of social work services. It is advisable to check with insurance provider directly to see what your specific plan covers. Payment is required at the time of your session.
- I understand that I am required to provide my therapist with at least 24 hours' notice of cancelling an appointment and failure to do so will result in charges for missed sessions that I am responsible for costs.
- In order to voluntarily provide consent to treatment, an individual should understand the nature of the assessment and treatment, the potential benefits and risks involved and any reasonable alternatives to treatment (including refusal). Consent is an ongoing process and you have the right to ask questions about your treatment or terminate treatment at any time.
- I agree that I have read and understand the information contained within the Statement of Treatment Consent form. My Clinician has assisted me with any questions I have had regarding the information therein. I agree to abide by the information provided above, and by signing I consent to taking part in assessment and treatment with the clinician named below:

(Client Name, Client Signature)

(Date)

(Clinician Name, Clinician Signature)

(Date)

Release of Information **Request for Information**

I, _____ hereby consent to release/request information between _____ and Resilience & Renewal Counselling regarding the following areas:

_____ and shall be used solely for the purpose of:

Counselling/Clinical Therapy/Psychotherapy

- I understand that this consent is valid for one year from the date signed and can be revoked at any point through notice in writing by the person giving consent. I have carefully read and understand the above statements and voluntarily consent to the release of the specified information. I agree to release Sampson-MacIsaac Counselling and its employees from any liability arising from the release of such information done in accordance with consent.

(Client Name, Client Signature)

(Date)

(Clinician Name, Clinician Signature)

(Date)