

COUNSELLING/PSYCHOTHERAPY AGREEMENT

Please read the enclosed Counselling/Psychotherapy Agreement, sign it, and [securely upload it to ChangeLife Counselling](#) (you will not be able to see the files once uploaded). This Agreement must be completed prior to our first session. A free telephone consultation (15 min) with Yelitza Cuevas can be provided.

SERVICES

Counselling/psychotherapy services provided to you and on your behalf (e.g., preparation of correspondence, review of documents, conferring with third parties, etc.) are collectively referred to in this document as 'Services'.

INSURANCE

These Services are not covered by The Ontario Health Insurance Plan (OHIP). Since they may be partially or fully covered by employee benefit or other private health insurance plans, you are advised to check your benefit or insurance plan to ensure compliance with its coverage and claim procedures (e.g., whether or not a referral from your physician is required) before the first session. Regardless of any insurance, you are responsible directly to ChangeLife Counselling for all fees.

FEES & PAYMENTS

- Initial 15-minute phone consultation: free
- Text messages and emails related to appointment times and scheduling: free.
- Individual regular rate: \$190/hour.
- Couples regular rate: \$250/hour.
- Travel rate: \$60/hour.
- Any time spent on your behalf: \$190/hour.
- Expenses incurred on your behalf (e.g., hotel, transportation): to be paid by you.

Payment for all fees is due within 5 days of your being informed of the service.

CANCELLATION POLICY

A full fee is charged for missed appointments or cancellations with less than a 24-business-hour notice.

CONFIDENTIALITY & PRIVACY POLICY

The client's clinical file is protected by the privacy and confidentiality regulations of the Ontario College of Social Workers and Social Service Workers (OCSWSSW).

I am required to disclose confidential information if any of the following conditions exist:

- I. If a child is suspected of being, or of having been, abused, it must be reported to the Children's Aid Society.
- II. If a client reports an intention to harm themselves or someone else, an intervention is required to help ensure the safety of the client and other individuals.
- III. If I am subpoenaed to do so.

In addition, cases are discussed with my clinical supervisor(s).

I/we have read and understood this Counselling/Psychotherapy Agreement.

AGREED UPON FEE: \$ /Hour.

PRINT: CLIENT

SIGNATURE: CLIENT

PRINT: CLIENT/PARENT/GUARDIAN IF UNDER 18

SIGNATURE: CLIENT/PARENT/GUARDIAN IF UNDER 18

DATED this day of , 2023