STELLA BIRD
BFA MACP RP
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Consent to Therapy Form

Note to Client: Informed consent means that you understand the services provided, the cost involved, and what happens with your personal information. If you have any questions, please do not hesitate to ask.

Consent for Personal Information:

I understand that to provide me with services, Stella Bird BFA MACP RP will collect some personal information about me (eg. Contact information, personal history, session summary documentation etc.) No information will be shared with anyone without my written and signed consent.

Sessions:

The standard length of a session is 60 minutes, and may be longer when mutually agreed upon before the beginning of a session.

Future scheduling occurs at the end of a session, by phone or email.

Confidentiality:

Confidentiality is considered a cornerstone of the profession of psychotherapy and is embedded in its core values. Individuals come to therapists with sensitive, personal information, and confidentiality is required to build trust in the therapeutic relationship.

It is the fundamental responsibility of a Registered Psychotherapist , to maintain client confidentiality at all times.

Information that you share in psychotherapy is confidential, Stella Bird BFA MACP RP adheres to professional standards regarding the sharing of such information. If you wish psychotherapeutic information to be sent to another agency/person, your informed written consent is required, which remains valid from date of your signature (unless otherwise indicated) until you make a request in writing to withdraw your consent.

It is of utmost importance to acknowledge that the goal of psychotherapy is to permit the Client to have a place that they deem safe to be able to speak to their Psychotherapist about any apprehensions, concerns, or issues without fear that what they say will be used to interfere with, or create problems for them.

In order to effectuate the stated goal, the Client and Psychotherapist must acknowledge the importance of the psychotherapeutic space as being a safe harbor—a place where the Client can be truthfully assured that what they say will not be disclosed to third parties without their consent. Therefore, to create the safe harbor the Client and Psychotherapist agree as follows:
a. Stella Bird BFA MACP RP shall not divulge to any third party, any matter relating to the content of the psychotherapy with the Client (except required disclosures within the Limits to Confidentiality) without the Client's explicit consent.
b. The Client understands that Stella Bird BFA MACP RP will not be serving as an expert or forensic witness, and will not issue any professional opinions verbally or in written form.

d. Stella Bird BFA MACP RP respectfully requests to be informed by the Client as soon as possible if the Client is, becomes or expects to become involved in any legal proceedings. A discussion regarding the Client's needs in these circumstances will be of psychotherapeutic value.

Disclosure of confidential information without consent can occur for the following reasons:

As a Registered Psychotherapist, Stella Bird BFA MACP RP may only disclose personal health information with the consent of a client or their authorized representative. However, there are a limited number of circumstances where disclosure of personal health information is required without consent. This is known as "Limits to Confidentiality".

Stella Bird BFA MACP RP is obligated to disclose confidential information without consent in the following cases:

- On reasonable grounds that disclosure is necessary to eliminate or reduce significant, imminent risk of serious bodily harm (includes physical or psychological harm) to the client or anyone else, e.g. suicide, homicide.
    - Note: If it is understood that there is a significant, imminent risk of serious bodily harm that exists (this includes physical or psychological harm), Stella Bird BFA MACP RP has a professional and legal duty to warn the intended victim, to contact relevant authorities (such as the police), or to inform a physician who is involved in the care of the client.
- Where disclosure is required under the Child and Family Services Act, 1990 for example, if there is reasonable grounds to suspect that a child is in need of protection due to physical harm, neglect or sexual abuse by a person having charge of the child.
- In particular legal proceedings (e.g. if subpoenaed).
- When required to facilitate an investigation or inspection if authorized by warrant or by any provincial or federal law (e.g. a criminal investigation).
- For the purpose of contacting a relative, friend or potential substitute decision-maker of the individual, if a client is injured, incapacitated or ill and unable to give consent personally.
- To a college for the purpose of administration or enforcement of the Regulated Health Professions Act, 1991.
- For the purpose of reporting sexual abuse involving another regulated health professional.

Social Media and Communication:

Please feel free to "like / follow" Stella Bird BFA MACP RP on Facebook if you choose: www.facebook.com/StellaBirdProfessionalPsychotherapy where posted content/resources may be of particular interest to you. Be aware that doing so is public. Please also be aware that Stella Bird BFA MACP RP does not accept contact requests nor invitations to follow pages from current or former clients on any social networking site. Stella Bird BFA MACP RP does not communicate through SMS (mobile phone text messaging) or messaging on Social Networking sites. The most secure way to contact Stella Bird BFA MACP RP is by phone. Communication is also possible via email only for the purposes of scheduling, billing and on occasion to send other documents with your consent. Stella Bird BFA MACP RP does not provide e-counselling or phone-counselling. Please be aware that sbirdtherapy@gmail.com is not secured/encrypted and is not protected by HIPAA. Email communication and any of its attachments may contain confidential and privileged information for the exclusive use of the designated recipients. You have the right to decline use of email to communicate. If you choose to communicate via email, please take appropriate measures to protect your information. These policies help to protect confidentiality. All phone/email communications must also be documented and archived in a client's file.

Payment for Services:

Payment for services is due at the end of each completed session. Current accepted payment methods include: cash, cheques and e-transfer. A receipt will be provided when payment is received either via email or printed out at the next session. Please retain this receipt for your records if applicable. If there is an issue that interferes with a payment please discuss this prior to payment. If you intend to submit receipts to your benefits/insurance provider for reimbursement it is advisable that you seek their terms of service in advance of scheduling the first appointment. Fee For Service: $135.00 + HST per session.

Please indicate if you will accept receipts via email □ or printed for the following session □

Additional fees vary according to the nature of the service involved. Fees apply for any reports, letters, etc., which you request to be prepared and sent on your behalf. You will always be asked for your consent before letters/reports/consultations are completed/charged for. You will be held responsible for all costs associated with legal proceedings for example, in the event an attorney seeks to question or subpoena Stella Bird BFA MACP RP. (Please refer to the *Limits of Confidentiality* for more on sharing/protecting your information.) The standard session rate will apply in these circumstances.

Payments returned due to insufficient funds will incur a fee of $45.00 in addition to the initial session rate charged. If there is an issue of insufficient funds an invoice will be issued and the next appointment will need to be rescheduled following receipt of payment.

Secure your next appointment. Payments received in full at the end of the session confirm your next scheduled appointment. If payment has not been received within 48 hours an invoice will be issued and the next appointment will need to be rescheduled following receipt of payment.

Cancellations/Missed Appointments. In the event Stella Bird BFA MACP RP needs to cancel a session there will be no charge. If you need to cancel a session, please provide 24 hours' notice and there will be no charge; a same-day cancellation or no-show is charged the full session fee payable prior to scheduling the next session. If payment has not been received within 48 hours an invoice will be issued and the next appointment will need to be rescheduled following receipt of payment.

I agree that I understand the information contained within this document.

Client Name:_____Date of Birth:_____

Signature:_____Date:_____

Contact Information

Name:_____

Address:_____

_____

_____

Phone: _____

Email:_____

Please indicate your consent to contact you by phone___ email___ mail___

Emergency Contact:
Name:_____

Address:_____

_____

_____

Phone: _____

Email:_____

Please indicate your consent to contact this person by phone___ email___ mail___

I, Stella Bird BFA MACP RP, have verbally reviewed the limits of confidentiality and the terms of providing psychotherapeutic services as listed above, with the client and their parent(s)/guardians(s).

Therapist / Witness:_____Signature:_____Date:_____

*** Stella Bird BFA MACP RP

CLIENT INTAKE FORM

Please provide the following information for my records. Please leave blank any question you would rather not answer. Information you provide here is held to the same standards of confidentiality as therapy. Please print out this form and bring it to your first session or allow yourself thirty minutes prior to your appointment to complete the form in the office.

Name: _____
(First) (Middle Initial) (Last)

Name of parent/guardian (if you are under 16):
_____
(First) (Middle Initial) (Last)

Birth Date: _____ Age:_____ Gender (Pronouns?): _____
(Day) (Month) (Year)

Local Address: _____
(Street and Number)
_____
(City) (Province) (Postal Code)

Home Phone: _____May I leave a message? □ Yes □ No

Cell/Other Phone: _____May I leave a message? □ Yes □ No

E-mail: _____ May I email you? □ Yes □ No
*Please be aware that email might not be confidential.

Referred by: _____

PSYCHOLOGICAL INFORMATION

What concerns do you want to talk about? _____
_____
_____

Who knows about your problem(s)? _____
_____

What would you like to see happen as a result of coming here? _____
_____
_____
_____

My greatest fear is _____

My greatest hope is _____

Are you here because you want to be here? • Yes • No Are you here because you want to be here? □ Yes □ No
Are you here because someone else want you to be here? □ Yes □ No

Who suggested you come to counselling? _____

What do you consider to be your strengths?

_____
_____
_____
_____

What do you like most about yourself?

_____
_____
_____
_____

What are effective coping strategies that you've learned?

_____
_____
_____
_____

What are your goals for therapy?

_____
_____
_____
_____

In the last year, have you experienced any significant life changes or stressors:

Have you ever experienced:

Extreme depressed mood:	□ No □ Yes	Homicidal Thoughts:	□ No □ Yes
Mood Swings:	□ No □ Yes	Suicide Attempt:	□ No □ Yes
Rapid Speech:	□ No □ Yes	Difficulty concentrating /	
Extreme Anxiety:	□ No □ Yes	on "autopilot" :	□ No □ Yes
Panic Attacks:	□ No □ Yes	Easily startled:	□ No □ Yes
Phobias:	□ No □ Yes	Irritability / anger / agitation:	□ No □ Yes
Sleep Disturbances:	□ No □ Yes	Hyper-vigilance (on high alert):	□ No □ Yes
Hallucinations:	□ No □ Yes	Intrusive memories / flashbacks /	
Unexplained losses of time:	□ No □ Yes	somatic re-experiencing:	□ No □ Yes
Unexplained memory lapses:	□ No □ Yes	Nightmares:	□ No □ Yes
Alcohol/Substance Abuse:	□ No □ Yes	Estranged from others:	□ No □ Yes
Frequent Body Complaints:	□ No □ Yes	Emotional numbness:	□ No □ Yes
Eating Disorder:	□ No □ Yes	Self harm / addictions:	□ No □ Yes
Body Image Problems:	□ No □ Yes	Coping by avoiding feelings or showing	
Repetitive Thoughts		feelings:	□ No □ Yes
(e.g., Obsessions) :	□ No □ Yes	Lack of acknowledgement or validation from	
Repetitive Behaviors (e.g., Frequent Checking,		others:	□ No □ Yes
Hand-Washing) :	□ No □ Yes	Domestic violence:	□ No □ Yes

Are you currently receiving psychiatric services or psychotherapy elsewhere? □ Yes □ No

Have you had previous psychotherapy? □ Yes □ No

Previous therapist's name _____

Are you currently taking prescribed psychiatric medication (antidepressants or others)? □ Yes □ No
If Yes, please list:
_____
_____

If no, have you been previously prescribed psychiatric medication? □ Yes □ No
If Yes, please list:
_____
_____

HEALTH AND SOCIAL INFORMATION
How is your physical health at present? Please list any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, etc.):
_____
_____

Are you having any problems with your sleep habits? □ No □ Yes

□ Sleeping too little □ Sleeping too much □ Poor quality sleep □ Disturbing dreams
Other (Please explain)

How many times per week do you exercise? _____

Approximately how long each time? _____

Are you having any difficulty with appetite or eating habits? □ No □ Yes

If yes, check where applicable: □ Eating less □ Eating more □ Binging □ Restricting

Have you experienced significant weight change in the last 2 months? □ No □ Yes

Are you concerned about your use of alcohol or other substances? □ No □ Yes
What substances do you use?
_____
_____

How often do you engage in substance use? □ Daily □ Weekly □ Monthly □ Rarely □ Never

Have you had suicidal thoughts recently? □ Frequently □ Sometimes □ Rarely □ Never

Have you had them in the past? □ Frequently □ Sometimes □ Rarely □ Never

FAMILY INFORMATION
Marital Status:
□ Never □ Married □ Partnered □ Separated □ Divorced □ Widowed □ Dating □ Engaged

How long have you been in this relationship? _____

On a scale of 1-10, how would you rate the quality of your current relationship?
1 2 3 4 5 6 7 8 9 10

Do you have supports in your life? □ Yes □ No

□ Have you ever been adopted or placed in foster care? □ Yes □ No
Please describe your life as a child
□ very happy □ happy □ average □ unhappy □ very unhappy

Please describe your life as a teenager
□ very happy □ happy □ average □ unhappy □ very unhappy

Please describe your life in the last six months
□ very happy □ happy □ average □ unhappy □ very unhappy

□ Do you have children? □ Yes □ No
Please list the name, gender, age, and grade of your children
Name _____ Gender M F Age _____ Grade _____
Name _____ Gender M F Age _____ Grade _____
Name _____ Gender M F Age _____ Grade _____
Name _____ Gender M F Age _____ Grade _____

□ Have your children been adopted or ever placed in foster care? □ Yes □ No
Please describe the circumstances:

_____
_____
_____
_____

FAMILY MENTAL HEALTH HISTORY:
Has anyone in your family (either immediate family members or relatives) experienced difficulties with the following? (circle any that apply and list family member, e.g., Sibling, Parent, Uncle, etc.):

		Family Member (List if yes)
Depression:	□ No □ Yes	_____
Bipolar Disorder:	□ No □ Yes	_____
Anxiety Disorders:	□ No □ Yes	_____
Panic Attacks:	□ No □ Yes	_____
Schizophrenia:	□ No □ Yes	_____
Alcohol/Substance Abuse:	□ No □ Yes	_____
Eating Disorders:	□ No □ Yes	_____
Learning Disabilities:	□ No □ Yes	_____
Trauma History:	□ No □ Yes	_____
Suicide Attempts:	□ No □ Yes	_____

HEALTH INFORMATION
Your Doctor's Contact Information:

_____
_____
_____

Do you have any allergies? □ Yes □ No (If yes, what are they?) _____
_____

Do you have any illness at this time? □ Yes □ No (If yes, what?) _____
_____

Have you ever had surgery? □ Yes □ No (When and what for?) _____
_____

Have you ever been in a hospital for any other reason? □ Yes □ No (Why?) _____
_____

Have you ever had any crises or lost anyone or anything close to you? □ Yes □ No (Tell about this.)
_____
_____

LEGAL ISSUES
Are you involved in any active cases (traffic, civil, criminal, family)? □ Yes □ No
If Yes, please describe and indicate the court and hearing/trial dates and
charges: _____
_____

Are you presently on probation or parole? □ Yes □ No
If Yes, please describe:

_____
_____

OCCUPATIONAL/EDUCATIONAL INFORMATION:
Have you received a psychological diagnosis? • Yes • No If Yes, describe: _____

Level of education _____

Are you currently employed? □ Yes □ No

If yes, who is your current employer/position?

_____
_____

If yes, are you happy at your current position?

_____
_____

Please List any groups, clubs, or organizations that you belong to

_____
_____

What other activities fill up your time? _____
_____

Are there any hobbies or activities that you would like to start? _____
_____

Is there anything you would like to share about your faith or spirituality?

_____

_____

Is there anything you would like to share about your cultural/ethnic identity?

_____

_____