



sbirdtherapy@gmail.com

Consent to Therapy with Minor Clients Form (for clients under 16 years of age)

Note to the Minor Client and Parent(s) / Legal Caregiver(s): 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:

To provide you/your child (the Minor Client) with psychotherapeutic services I, Stella Bird BFA MACP RP will collect some personal information (eg. Address, phone number, gender, health history, session summary documentation etc.) No information will be shared with anyone without written and signed consent by the client (the Minor Client or their Substitute Decision Maker).

Sessions/Fees:

The standard length of a session is 60 minutes (including scheduling/payment), 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.

Minor Clients and Confidentiality:

Confidentiality is considered a cornerstone of the profession of psychotherapy and is embedded in its core values. Information that Minor Clients share with their psychotherapist is confidential. It is important to know that confidentiality belongs to the Minor Client. It is the basis on which psychotherapeutic relationship is formed and imperative to the healing process no matter what age the client is. It is the fundamental responsibility of a Registered Psychotherapist, to maintain client confidentiality at all times. Stella Bird BFA MACP RP adheres to professional standards regarding the sharing of confidential information.

There is no minimum age for consent to psychotherapy. If a Minor Client is determined by their psychotherapist to have the capacity to understand and appreciate the nature of consent or agreement and the consequences of giving, withholding or withdrawing the consent or making, not making or terminating the agreement, the psychotherapist and Parents / Legal Caregivers must respect the Minor Client's decision. An individual's capacity may also vary over time. As a Minor Client ages, capacity to consent evolves.

Child and Family Services Act (R.S.O., 1990, c. C.11, s. 28)

<https://www.ontario.ca/laws/statute/17c14#BK30>

Safe Harbor Agreement

1. Parties. The parties to this Agreement are the Minor Client, the Parents / Legal Caregivers and Stella Bird BFA MACP RP.

2. Goal. The therapeutic goal is to permit the Minor 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.

3. Safe harbor. In order to effectuate the stated goal, the parties acknowledge the importance of the psychotherapeutic space as being a safe harbor—a place where the Minor Client can be truthfully assured that what they say will not be disclosed to Parents / Legal Caregivers or other third parties without their consent. Stella Bird BFA MACP RP shall discuss with the Minor Client the benefits of providing pertinent information to Parents / Legal Caregivers for the purpose of strengthening a Minor Client's supports outside of the psychotherapeutic space.

4. Therefore, to create the safe harbor for the Minor Client, all parties agree as follows:

a. No court/no depositions. No Parent / Legal Caregiver shall, nor will any Parent / Legal Caregiver permit their attorney to, subpoena Stella Bird BFA MACP RP or her notes to a trial, hearing, deposition, or arbitration.

b. No interrogations. No Parent / Legal Caregiver shall, nor will any Parent / Legal Caregiver permit their attorney to, request information from either Stella Bird BFA MACP RP or the Minor Client about the content of psychotherapy.

c. No disclosure. Stella Bird BFA MACP RP shall not divulge to any Parent / Legal Caregiver or to any other third party, any matter relating to the content of the psychotherapy with the Minor Client except required disclosures under the Child and Family Services Act (R.S.O., 1990, c. C.11, s. 28 <https://www.ontario.ca/laws/statute/17c14#BK30>) without the Minor Client's explicit consent.

d. Enforcement. Any party, or their attorney, who seeks to question or subpoena Stella Bird BFA MACP RP shall be responsible for all fees and costs incurred. (Please refer to the Additional Fees section)

e. All parties understand 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.

f. Stella Bird BFA MACP RP respectfully requests to be informed as soon as possible if any parties are, become or expect to become involved in any legal proceedings.

g. Stella Bird BFA MACP RP will determine whether psychotherapeutic services should be discontinued if the Safe Harbour Agreement is breached.

Custody of / Access to a Minor Client:

If you are a Parent / Legal Caregiver requesting therapy for your child, where applicable Stella Bird BFA MACP RP is required to obtain documentation of any current custody and access order so as to be able to provide psychotherapy to the Minor Client.

- Where there is Joint Custody: Parents / Legal Caregivers who have joint custody of their child(ren) share the right to make important decisions about the child's care. Stella Bird BFA MACP RP is required to have an agreement from both Parents / Legal Caregivers to provide therapy to their children in order to proceed with scheduling sessions for Minor Clients. In this case, it is necessary to determine with whom I will communicate for issues of scheduling and payment.
- Where there is Sole Custody: If your separation agreement or a court order gives you custody of the Minor Client, you have the right to make important decisions about their care and their welfare (unless the agreement or court order says otherwise). In this case, it is the Custodial

Parent / Legal Caregiver with whom Stella Bird BFA MACP RP will communicate for issues of scheduling and payment.

- Where the Non-Custodial Parent / Caregiver has access: It is the responsibility of the Custodial Parent / Legal Caregiver to inform the Non-Custodial Parent / Caregiver that the Minor Client is accessing psychotherapeutic services from Stella Bird BFA MACP RP. In these cases it is important that both Parents / Caregivers are aware of the psychotherapeutic service so as to foster a sense of transparency and stability for the Minor Client.
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Please indicate if you have attached a current copy of a court order/custody agreement

Yes No

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.

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.

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.

Additional fees vary according to the nature of the service involved. Fees apply for any reports, letters, etc., which you (the Minor Client) consent to / 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. The person identified by this document as responsible for payments will also 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 hourly 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 I, Stella Bird BFA MACP RP need 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. **Please indicate if you will accept receipts via email or printed for the following session Please indicate**

the person who will be responsible for payments below.

Name: _____

Contact Information

Minor Client's Name: _____

Address: _____

Phone: _____

Email: _____

Please indicate your consent to contact you by phone ___ email ___ mail ___

Parent / Legal Caregiver Name: _____

Address: _____

Phone: _____

Email: _____

Please indicate your consent to contact you by phone ___ email ___ mail ___

Parent / Legal Caregiver 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 agree that I understand the information contained within this document.

Client Name: _____ **Date of Birth:** _____

Signature: _____ **Date:** _____

Parent Name: _____ **Signature:** _____ **Date:** _____

Parent Name: _____ **Signature:** _____ **Date:** _____

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).

*** Stella Bird BFA MACP RP **Date:** _____

Minor Client Intake Form

Minor Client's name

sex _____ age _____ DOB _____

parents names _____

including step parents _____

foster parents Etc. _____

Comments about custody and visitation if applicable. _____

biological child yes if adopted at what age _____ foster care since _____

Primary reason you are concerned about your child? _____

Symptom checklist check any symptom that is a concern and mark how long has it been a problem:

- | | |
|--|---|
| <input type="checkbox"/> Sleep | <input type="checkbox"/> swears |
| <input type="checkbox"/> problems | <input type="checkbox"/> blames others for mistakes |
| <input type="checkbox"/> lack of interest in activities | <input type="checkbox"/> morbid thoughts |
| <input type="checkbox"/> unassertive | <input type="checkbox"/> suicidal thoughts or threats |
| <input type="checkbox"/> fatigue / low energy | <input type="checkbox"/> suicidal plans / attempts |
| <input type="checkbox"/> concentration problems | <input type="checkbox"/> mood swings |
| <input type="checkbox"/> appetite / weight changes | <input type="checkbox"/> depression |
| <input type="checkbox"/> withdrawal | <input type="checkbox"/> change level of activity |
| <input type="checkbox"/> forgetful/memory problems | <input type="checkbox"/> cries easily |
| <input type="checkbox"/> short attention span | <input type="checkbox"/> talks excessively / interrupts |
| <input type="checkbox"/> aggressive behavior | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> can't sit still | <input type="checkbox"/> irritable |
| <input type="checkbox"/> not interested in peers | <input type="checkbox"/> impulsive |
| <input type="checkbox"/> picked on Bullied by peers | <input type="checkbox"/> difficulty following rules |
| <input type="checkbox"/> excessive worry / fearfulness | <input type="checkbox"/> problem completing schoolwork |
| <input type="checkbox"/> anxiety or panic attack | <input type="checkbox"/> nightmares |
| <input type="checkbox"/> social fears / shyness | <input type="checkbox"/> frequent Trent tantrums |
| <input type="checkbox"/> separation problems | <input type="checkbox"/> resisted to change |
| <input type="checkbox"/> bed wetting / soiling | <input type="checkbox"/> School refusal |
| <input type="checkbox"/> headache / stomach ache | <input type="checkbox"/> perfectionism |
| <input type="checkbox"/> odd beliefs / fantasizing | <input type="checkbox"/> motor control problems |
| <input type="checkbox"/> lying | <input type="checkbox"/> hallucinations |
| <input type="checkbox"/> trouble with the law | <input type="checkbox"/> stealing |
| <input type="checkbox"/> running away | <input type="checkbox"/> being destructive |
| <input type="checkbox"/> school refusal | <input type="checkbox"/> fire-setting |
| <input type="checkbox"/> hurting others circle: emotionally/physically/sexually | <input type="checkbox"/> hurting others |
| <input type="checkbox"/> hurting animals | <input type="checkbox"/> fighting |
| <input type="checkbox"/> alcohol drug use | <input type="checkbox"/> acts as if has no fear |
| <input type="checkbox"/> argumentative / defiant | <input type="checkbox"/> short-tempered |

Easily annoyed/annoys others

angry and resentful

discipline problem

Developmental History

State approximate age when the Minor Client did the following:

walked alone _____

said first word _____

used two word phrases _____

Understood and followed simple directions _____

reasonably well toilet-trained _____

Did they cry excessively _____

rarely cried _____

Health History of Minor Client

In the first two years did your child experience:

separation from mother

out of Homecare

disruption in bonding

depression of mother

abuse

neglect

chronic pain

chronic illness

parental stress

Birth weight. _____ Problems at Birth for example infant given oxygen, blood transfusion, placed in an incubator Etc. _____

Minor Client's Doctor

Dr. Contact Information:

Date of last physical exam _____

vision problems yes no

head injuries or loss of consciousness
yes no

hearing problems yes no

dental problems yes no

Minor Client's history of serious illness injury handicaps or hospitalization yes no
describe and give dates _____

Is your child currently taking any medication yes no name medications.

List any medicines previously used for emotional problems were they helpful?

Allergies to drugs or medications yes list.

Allergies do any foods yes no list.

Are there any foods that you limit or do not give the Minor Client yes no list.

- Allergies to environmental conditions yes no list.

- Does anyone in the household smoke yes no.
- How many hours does the Minor Client watch TV, videos, Video Games Etc per day.

- Are you afraid someone you know may injure or harm the Minor Client yes no. who?

- Any previous psychological or psychiatric treatment. yes no.
Whom wear when. _____

- Any previous psychological testing for school yes no - whom where when.

- Do you think your child's use of chemicals is a problem yes no
type _____.

- List any history of mental illness or addiction and immediate or extended family for example depression, anxiety, bipolar disorder, suicide attempts, alcoholism, drugs, ADHD, schizophrenia Etc. _____

- Has the Minor Client witnessed domestic abuse yes no suspected specify

- How is your child disciplined
_____.

Life Stressors / Trauma History

- Has your Minor Client been verbally abused yes no suspected specify.

- Has your Minor Client and physically abused yes no suspected specify.

- Has your Minor Client been sexually abused yes no suspected specify.

- Other stressors or trauma? _____
- What are your child's strengths?

- Any additional comments or information that would be helpful?

Signature of person completing form / relationship to the client.

Name

Relationship

Date.