



# Rae Assessment, Counselling & Consultation

Michelle Rae, MSW, RSW

[www.raecounselling.com](http://www.raecounselling.com)

(905)301-7785

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## **Practice Information and Informed Consent** **For Relationship, Couples & Sex Therapy**

### **WELCOME...**

The purpose of this form is to outline the important aspects of your therapy agreement with me including policies, confidentiality and other information that provides you with informed consent. It is a good idea to ask any questions that you may have about this form and about your therapy in general before starting therapy. This will best ensure that starting therapy with me is right for you and provides you with a safe and effective therapy environment. You may have many questions about this therapy so I will attempt to address some of these questions right up front. If you have further questions, please do not hesitate to ask. Please read over the information and bring the second page with you to your first session.

### **Length of Sessions**

*Couples Therapy sessions –*

Initial Consultation Session: 190mins. (3 hours minimum)

Subsequent Couples Sessions: 120mins. (2 hours minimum)

### **Fees and Payments:**

**\$250/hour** (Therapy services provided by a Social Worker (MSW) are HST exempt). In the event a session goes longer when agreed upon by both parties the fee will be prorated. If there was a situation that required a virtual/telephone consultation the usual fees would apply. EMT (online email money transfer) is the preferred method of payment. Payment is required directly at the time of each visit.

### **Insurance Coverage:**

Insurance coverage may be possible for you, should you have coverage for Registered Social Workers (RSW) – my professional designation. You are responsible for the fees for services rendered, regardless of your insurance company's ability to pay. We can discuss the details of how this works at your first appointment.

### **Communication**

Email is the preferred method of communication. You can either call and leave a message on the voice mail messaging service at (905) 3017785 or you may email me at [michelle@raecounselling.com](mailto:michelle@raecounselling.com), to schedule an appointment or to amend a scheduled appointment. If you are running late for your appointment, please send a text or e-mail (when possible and safe) to so. Partners should always copy each other on all e-mail correspondence, regardless of the communication.



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## **Informed Consent & Confidentiality**

**CONFIDENTIALITY.** My profession and my professional ethics require me to keep everything you discuss here in the strictest of confidence. Your information is kept securely. Information is only released with your informed, written, and voluntary consent. **Exceptions to confidentiality:** the following are exceptions to confidentiality that apply to mental health professionals that relate to harm: **A)** if I assess you are at risk of harming yourself or others; or **B)** if I suspect child abuse or neglect; or **C)** by court order and/or subpoena

When the therapy is with a couple, both partners must sign a release form, before I will release any information from your records.

### **Case Consultation:**

I participate in rigorous and ongoing professional training and skill development. I may discuss your case with an approved supervisor/supervision group. Your identity is kept confidential.

### **Cancellation Policy:**

**Two business days (2) is required for cancellation of your appointment regardless of the reason for cancellation.** It is understandable that illness and unexpected things will come up but, without adequate notice, it is unlikely that the time will be filled. If you cannot give the notice required, the regular fee will apply. If the appointment is filled you will not be charged. If a couples' session is booked and only one can make it, the session will have to be cancelled until we can reconvene all together.

**I have read, agree to and understand the above policies and am aware that there will be no exceptions to these policies.**

Date \_\_\_\_\_ Client's Signature \_\_\_\_\_

Date \_\_\_\_\_ Client's Signature \_\_\_\_\_

Therapist Signature \_\_\_\_\_

**Please read over the information and bring the second page with you to your first appointment.**