

Kasi Shan Therapy: Consent to Service

Kasi Shan Therapy is a private practice offering individual counselling support to adults and adolescents. Kasi Shanmukanathan is a Registered Social Worker with the Ontario College of Social Workers and Social Service Workers (#824209).

PURPOSE OF SERVICES ⇒ By attending Kasi Shan Therapy, your goal is to access counselling services leading to improved mental health, coping strategies and increased insight into moods and behaviours. Counselling can help with interpersonal relationships, emotion regulation, distress tolerance, and other life stressors. While therapy is a beneficial and enriching experience, it can be difficult to explore unaddressed wounds. Clients may be challenged to sit with difficult emotions in order to gain further insight or improve distress tolerance skills. While I will continue to monitor your comfort within the therapeutic practice, clients are encouraged to share feedback as to the pace or modality of therapy. The nature of the counseling process is very personal. Therefore, we maintain a professional relationship consistent with accepted ethical standards.

LENGTH OF THERAPY ⇒ The number of counselling sessions you participate in will vary depending on your needs and preferences. I will regularly discuss goals and treatment progression with you. Success cannot be guaranteed with counselling; however I am committed to utilizing a number of highly researched approaches to support your healing. You are in complete control and may end our professional relationship at any time. I do not take on a client whom, in my professional opinion, I cannot help using the knowledge and techniques I have available. If necessary, I will make referrals during our initial conversations.

COLLECTION OF INFORMATION ⇒ In order to provide adequate care of services, I will maintain documentation of therapy sessions, as well as information required to maintain a working file. This includes details such as your name, contact information, date of birth, and names of others who are significant to your counselling situation (i.e. family of origin). Administrative paperwork, such as receipts and signed consent forms, will also be collected. Invoices and receipts are shared via Wave App (a Canadian-based, PIPEDA approved agency). You have the right to review your file upon your request in writing.

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Records are maintained according to the requirements of the Personal Information Protection and Electronic Documents Act (PIPEDA) of the Federal Government of Canada and the Personal Health Information and Protection Act (PHIPA) of the Province of Ontario. All documents are protected by safeguards including locked cabinets and computer passwords. Once therapy has been terminated, files must be maintained for at least seven years. For a youth, files are maintained for 7 years following when he/she/they reach 18 years of age.

DISCLOSURE TO THIRD PARTIES ⇒ No identifying information will be released to a third party without your prior written authorization (Consent to Disclose forms). At any time, you have the right to withdraw consent or place conditions on the disclosure of your information.

However, there is a legal duty to disclose to authorities in the following circumstances:

- When a child (under the age of 18) is experiencing, or is at risk of experiencing, abuse. This includes physical harm, sexual harm, emotional harm, and death or unavailability of a caregiver.
- When you, or a third party is facing imminent risk of serious harm (i.e. homicidal ideation, suicidal intent)
- When a vulnerable adult has been abused or neglected, and that vulnerable adult is unable to seek support and assistance
- When there is a mandatory court order to release files
- When a misconduct has taken place by another regulated health professional

In order to continue professional development, I participate in supervision and peer consultation. In these circumstances, identifying information will not be provided, and the focus will be on clinical treatment.

In a situation of the unexpected death or illness of the therapist, you will be contacted by an appointed Registered Social Worker to arrange for transfer of records. In this exceptional circumstance, the appointed social worker will be obliged to ensure confidentiality as per the College of Social Workers and Social Service Workers, and privacy legislation.

ELECTRONIC COMMUNICATION ⇒ E-mails and text messages are susceptible forms of communication due to risks of being viewed, intercepted or modified by third parties. It is recommended that electronic messaging is limited to sharing scheduling information. No communication will be provided via social media platforms.

LEGAL INVOLVEMENT ⇒ The goal of therapy is the improvement of psychological distress and interpersonal conflict. Efficacy of counselling requires trust and openness during the sessions. It is understood by all parties (clients and their family members) that if they request Kasi Shan Therapy, the intent is not to use information shared during therapy for their own legal purposes or against any of the other parties in a court or judicial setting of any kind.

EMERGENCIES ⇒ Kasi Shan Therapy is a part-time private practice. Phone messages and emails are responded to during office hours. In an emergency situation, where you are unable to contact me or are unable to book an appointment within your required time, please visit the hospital nearest to you or contact Here 24/7 (a 24 hour crisis line servicing the Waterloo Wellington region) at 1-844-437-3247.

FEES AND PAYMENT ⇒ Fees are set for \$135 per hour or \$195 for 90-minute sessions. Modified rates are available for Open Path and Inkblot clients, as well as UW and WLU students. An initial free 15-minute phone consultation is available for those who would like to chat prior to establishing services. Non-clinical support, such as work done outside of sessions (reports, check-in calls over 10 minutes, etc.) is also charged at 15-minute increments. Sessions are not covered by OHIP. Payment is required by the invoice date. Payments can be made via online payments (Inkblot), e-transfers, or cash.

MISSED APPOINTMENTS/LATE CANCELLATION ⇒ Clients are required to provide 48-hour notice if needing to cancel or reschedule appointments. A 50% fee will be charged if notice is given within less than 48-hours. Appointments are considered canceled if a client is more than 15 minutes late. Your appointment is for your exclusive use. When appointments are missed or canceled within short notice, it is often too late to offer this time to someone else. Cancellations

can be waived based on compassionate grounds (i.e. medical emergency, death in family). Please contact via email or phone to notify me of such circumstances. In the circumstances of bad weather, sessions will take place online. If you need to reschedule appointments, please contact me via phone or email.

ENDING SERVICES ⇒ A client may end services at anytime without penalty or prejudice (this does not include policies based on late cancellation/no shows). Clients are encouraged to communicate should they feel a change in therapist or approach would be beneficial in order to ensure best practices. While I used evidence-based therapeutic practices, success cannot always be guaranteed in counselling services. If the clinical need is beyond my scope of practice, or if there are limitations due to scheduling feasibility, referrals to another agency/therapist will be discussed. Harassment and violence (e.g. threatening harm, intimidation, overt aggression) will not be tolerated and will lead to ending of services.

INFORMED CONSENT

I _____ (client/ legal guardian) confirm that I have read the above information and provide consent to services.

- I have read the above information and have asked questions/clarifications, when needed.
- I know I have the right to share with my counsellor what is and is not working.
- I understand that I am able to discontinue services at any time.
- I understand the rights and limits of confidentiality.
- I understand payment requirements and the cancellation policy (fee of 50% if I fail to provide 48 hour notice).
- I understand that clinical notes will be collected, stored, and distributed as per the information listed above.
- I understand that information gained or shared in therapy is not meant for legal purposes.

Signature

Date

Full Name: _____

Child's name (if applicable): _____

Kasi Shan Therapy Signature and Date: _____

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