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## CCWR: TERMS OF SERVICE

Date: \_\_\_\_\_ (DD-MM-YYYY)

Client Name: \_\_\_\_\_

**Your rights and responsibilities** as a client are explained in this document, including policies and procedures related to your counselling. You have the right to give informed consent for services you receive.

You will be treated honestly, with respect and dignity, and without discrimination; we expect the same from you. We look forward to serving you regardless of your ability; please let us know if you require any accommodations to participate.

### **The member agencies of the Counselling Collaborative of the Waterloo**

**Region** (Camino Wellbeing + Mental Health, Interfaith Community Counselling Centre, Porchlight Counselling & Addiction Service, Shalom Counselling Services, and Woolwich Counselling Centre) have a shared participant database, but only staff associated with your services have access to your records unless you provide consent for your information to be shared.

**As non-profit organizations**, we rely heavily on the support of the community for funding in order to provide therapy services by qualified and skilled professionals.

**When applicable, payment is requested at the time of service.** We are committed to providing service to all community members and offer flexible fees and opportunities to apply for fee assistance.

The fee for client-requested case consultation services (e.g., Office of the Children's Lawyer, family physicians, school staff, etc.) will be billed in 15-minute increments at the hourly rate set in your fee agreement.

### **24-hour Cancellation Policy**

If you are unable to attend a scheduled appointment, please notify us at least 24 hours in advance. Without this notice, there will be a fee charged unless there are justifying circumstances. It is your responsibility to pay outstanding balances before booking future appointments.

### **Hours of Operation**

We are not available outside of our regular hours. If you are in crisis or feeling unsafe, **contact Here 24/7 at 1-844-437-3247** or visit a hospital emergency room. For emergencies, call 911.

## **Therapist Qualifications and Professional Ethics**

All therapists are members of regulatory professional counselling colleges with a minimum of a master's degree or are interns or externs completing their master's with supervision by registered therapists.

Your therapist cannot:

- give or receive gifts from you
- attend your personal events
- advocate for you in a legal, employment, tenant, or disability related matter
- give legal, medical, financial, or any other professional advice
- provide diagnoses or give assessments outside their scope of practice
- have a relationship with you outside of therapy

## **Therapeutic Process**

We offer short-term counselling, and the session limits will be discussed in the first session.

Counselling is a collaborative process, and we need you to participate to your fullest potential both in session and between sessions to identify and work on your goals of counselling. It is important that you and your therapist engage in a supportive therapeutic relationship. We will work with you to ensure your needs are being met or recommend a transfer to another therapist. If this relationship is not a good fit, it is your right and responsibility to request a transfer.

## **Ending Counselling / File Closure**

Counselling usually has a planned ending. In cases where there is a period of inactivity, your file will automatically be closed.

## **Risks and Benefits of Counselling**

Working at making changes in our lives often involves talking about events or memories that can trigger uncomfortable feelings and situations. Limits of confidentiality are also a risk of therapy, which are explained below. The process of therapy is often rewarding, though your desired outcomes cannot be guaranteed.

## **File Security and Requests**

- Your sessions may not be audio/video recorded without mutual permission from each other.
- Your file is securely stored electronically on a third-party software system (Social Solutions Software), which meets government privacy requirements. Please ask your therapist for details about file retention procedures.
- You have the right to know the contents of your file or to make appropriate changes. Request a copy of your file with a release of information form and administration fee; processing can take up to four weeks.

## **Confidentiality/Privacy**

You have the right to have your personal information kept confidential. All agency staff and volunteers have signed an oath of confidentiality to protect client information. It is your responsibility to hold in confidence any information you learn regarding other individuals while at the agency.

- Your therapist may seek supervision on how to best support you.
- Your file may be audited by the Canadian Centre for Accreditation staff who will respect your confidentiality.
- Non-identifying information from agency surveys or questionnaires may be used to share feedback about our programs with funders or the community.
- Email, text messages and voicemail are only to be used for administrative (sending invoices, counselling handouts) and scheduling purposes, and only with your consent. Communication we receive from you may be added to your file. In providing your email address and signing this document, you are consenting to the use of email communication between yourself and the counselling agency, recognizing that there are risks to its use, and despite everyone's best efforts, confidentiality cannot be guaranteed in communications via email.

We will not release information about you without your informed written or verbal consent. There are some circumstances when this does not apply, including if:

- you disclose that a child has been neglected, abused (emotionally, sexually, or physically), or is at serious risk of abuse. This includes when domestic violence occurred with a child present
- you disclose childhood abuse and the abuser may be a danger to other children now
- you demonstrate suicidal or homicidal intent
- disclosure is ordered by court
- you are experiencing a medical emergency and responders need your name and contact information
- you disclose inappropriate behaviour by a regulated health professional
- a resident of a long-term care home or retirement home has experienced abuse or is at risk of harm.

## **Client Feedback/Concerns**

We welcome and encourage your comments. You have the right to raise issues of concerns about the Agency, services rendered, or counselling experienced.

If you have feedback or concerns, please speak with your therapist or their supervisor. If needed, please ask about the process to submit a formal written complaint.

- Child/Family therapy is most successful when legal guardians/caregivers play an active part in their child's therapy.
- Consent for therapy with children under the age of 12 may be required from both caregivers.
- In situations where there is a custodial agreement between parents of children of any age, we ask that caregivers disclose and follow the guidelines of their agreement.
- Therapy services will NOT be used in any custody or court matters (e.g., providing assessments or custodial recommendations).
- Caregivers are expected to be available for the therapist to contact if necessary during sessions and present in the home during virtual sessions.

## **Privacy**

- All telephone and video sessions will meet privacy requirements as outlined by privacy legislation.
- An email address where you can confidentially receive appointment information is required for video counselling.
- Although web-based tools are considered secure, we cannot guarantee the security of the electronic devices of each individual/family. We ask you to take all steps to protect your own privacy (e.g., by using passwords on all devices and email accounts).

## **Data/Telephone Costs**

You are responsible for your own data usage and any other costs resulting from video or telephone counselling.

## **Cancellation Policy for Telephone/Video Services**

You are required to be available at the time designated for your session and to be in a private and safe space (not driving or distracted). A full fee may be charged for sessions that cannot be conducted due to you being in an inappropriate location.

## **What to expect at a video or telephone counselling session:**

- The therapist will confirm your name and date of birth for identification purposes in the first session.
- All telephone and video sessions must occur within the province of Ontario.
- The therapist will confirm your location and an alternate method of contacting you if the video or phone session is cut off midway for any reason.
- The therapist will answer any questions about fee payment methods.
- You and your therapist will review any changes in your mental health or circumstances that might impact safety while engaging in telephone or video counselling.
- The therapist may determine that video or telephone counselling is no longer appropriate and will discuss other options with you.
- The session may not be audio/video recorded without mutual permission from each other.

I understand and consent to the above Terms of Service.

Client or Guardian/Caregiver Signature \_\_\_\_\_

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