



**Dr. Shari Geller**  
Supervising Psychologist  
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## **SUPERVISED PRACTICE INFORMED CONSENT**

Shari Geller, PhD (C. Psych) is a registered psychologist (#3828) with the College of Psychologists of Ontario. Information about your care is shared with Dr. Geller for the purpose of providing treatment or for preparing a report on your behalf.

Dr. Geller's associate, Angela Herzog, MA, RP, CCC, is a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario and a Canadian Certified Counsellor with the Canadian Counselling and Psychotherapy Association. She has a Master's degree in Counselling and Spirituality and is active in her ongoing personal and professional development. Before your first session, we would like to give you an idea of what to expect from working together.

### **Description of Services**

Counselling and psychotherapy involve the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth and the optimal development of personal resources. The overall aim of counsellors is to provide an opportunity for people to work towards living more satisfyingly and resourcefully. Therapy relationships will vary according to need but may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict or improving relationships with others. For a detailed description of services provided, please visit [www.healingrefuge.com](http://www.healingrefuge.com)

### **Risks and Benefits**

Psychotherapy may involve the risk of remembering unpleasant events, feeling unfamiliar sensations, or arouse strong or unanticipated feelings or memories. You may face issues or aspects of yourself that are uncomfortable, and counselling may lead to unforeseen changes in your relationships or take you out outside of your comfort zone to explore and expand your growing edge. Benefits may include an increased ability to live more effectively by improving your ability to cope with a variety of stressors and life challenges. You may also gain a better understanding of yourself, your goals and your values, which will assist you in your personal and career growth. You may experience relief or resolution of trauma symptoms, and develop skills, increased resiliency and a healthier relationship with yourself and others. Additional benefits to counselling and psychotherapy are described on The Refuge's website.

### **Outcomes and Ethics**

The outcome of counselling and psychotherapy are difficult to predict or guarantee, since they depend on a number of factors such as the fit between you and your therapist, current adverse conditions that are actively contributing to your symptoms, and your readiness and willingness to work towards set goals. However, Angela will do her best to help you to handle the risks safely and experience at least some of the benefits. If you have any questions or concerns, you can discuss these with Angela or Dr. Geller at any time.

Alternately, you may direct your questions to the College of Psychologists of Ontario ([www.cpo.on.ca](http://www.cpo.on.ca)), the College of Registered Psychotherapists of Ontario ([www.crho.ca](http://www.crho.ca)).

## **Your Responsibilities**

Personal commitment to psychotherapy is crucial for success. In order to maximize the effectiveness of therapy services, you should make counselling a high priority and should not cancel sessions except in the case of an emergency. It is important that you be active, open and honest with Angela. Your most important responsibility is to work toward the goals you and Angela have agreed upon. Seeing a therapist is often enhanced with additional efforts made between sessions, such as: thinking about the material covered in your sessions, monitoring the behaviours you are trying to change, reading a book or article, completing worksheets, practicing a new skill, or taking other concrete actions to support your growth. It is your responsibility to tell Angela when you are uncomfortable with any parts of the treatment. If you have any questions, please ask and she will do her best to answer your questions in full.

## **Confidentiality**

We respect the privacy of our clients, hold in strict confidence all information about clients and comply with applicable privacy and other legislation. No information will be released to a third party without your prior written authorization. At any time, you have the right to withhold or withdraw consent to, or place conditions on, the disclosure of your information. **Exceptions to confidentiality** include the legal and/or ethical obligations for your therapist to:

1. When a client indicates they are at risk of harming him/herself or others, such as when there is a danger of suicide or assault.
2. When a therapist has reason to believe that a child under age 16 is in need of protection from physical abuse, sexual abuse, serious emotional abuse or neglect. This includes situations when physical abuse or high levels of conflict are occurring between adult family members and there is a child (or children) in the home. It also includes situations when a client reports that a child is not being adequately supervised and is at risk of harm. It also includes situations when a client discloses that s/he was abused in childhood and there is a possibility that the person who was abusive may be a danger to other children now. In these situations, Family and Children's Services needs to be contacted.
3. When a therapist is mandated by law to disclose information. This may include situations where a therapist is subpoenaed or ordered to testify in court.
4. When a client reports a reasonable suspicion that a resident of a long term care facility regulated by the Long Term Care Facilities Act of Ontario (such as a seniors residence or nursing home) is being physically abused by anyone, and /or has suffered or may suffer harm as a result of unlawful conduct, neglect, or improper or incompetent care by staff in the home. In these situations it may be necessary to report it to the provincial Director of Nursing Homes.
5. In a situation of the unexpected death or illness of the therapist, you may be contacted by a representative who is acting on behalf of the therapist. This representative will be obliged to ensure confidentiality as the therapist does and will provide you with an appropriate referral.
6. When a client discloses that s/he has been sexually abused by another helping professional who is a member of a profession regulated by the Regulated Health Professions Act of Ontario (e.g., psychologist, medical doctor, physiotherapist, etc.) or the Social Work & Social Service Workers Act of Ontario, it may be necessary to report the name of the professional (not the client) to the relevant College.

7. When a client gives written permission to have information from the therapy meetings shared with another person(s). In this case an authorization form that allows this release of information must be signed by the client.

While these events are rare, they do exist. Angela's overall goal is to make this a place where you feel comfortable to talk about personal concerns. Also, Angela and Dr. Geller have contact on a regular basis for supervision. Dr. Geller will be aware of her clinical work with you as required, including your contact information, assessment, counselling goals and focus, progress, discharge and billing matters. Angela will also consult with other professionals for guidance specific to the therapeutic modalities she uses, for the purposes of providing you with the highest quality care. Information provided in these other contexts will be anonymous.

Finally, psychologists and psychotherapists are regulated by their respective Colleges, which may inspect our records as a part of their regulatory activities in the public interest.

### **Privacy and Record Keeping**

Therapists in Ontario are required by law to keep a record of each contact and therapy session with a client. Records are kept for a minimum of 10 years after a client turns 19 years of age. All information is maintained in compliance with 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. This means that all personal information obtained, used, and disclosed in therapy sessions is done so with your consent. Your personal information is protected by specific safeguards including locked cabinets and computer passwords. You may request a copy of your records for a reasonable fee. Please note that records cannot be released when they contain the name of another person, and that reports from other professionals cannot be released without the consent of that professional.

### **Payment Policy**

- Sessions are usually 60 min at the hourly rate of \$170.00.
- Work done outside of sessions (letters, reports, resume writing, check-in calls, consultations with other professionals, etc.) is also charged by the hourly rate.
- Full payment is required at the time of each scheduled appointment in the form of cash, personal cheque or eTransfer made out to Dr. Shari Geller.
- Payment for sessions will be required prior to scheduling subsequent appointments. In the event that payment is not received for an appointment, clients will be given the opportunity to do so and if payment is still not made, Angela reserves the right to employ the services of a collection agency to recover unpaid fees.
- Payment not received within 30 days of the invoice date will be invoiced at a 5% monthly interest rate.
- A \$25 service charge will be added to the amount owing for NSF cheques.

### **Extended Health Insurance**

If you have extended health benefits for services under the supervision of a registered psychologist, Angela will collect your payment to Dr. Geller directly. You will then be provided with a receipt from Dr. Geller to be submitted to your insurance company for reimbursement. It is your responsibility to contact your insurance company in advance of starting therapy to determine your annual coverage and whether you need a referral from a medical professional, as each insurance plan is different.

### **Cancellations and Missed Sessions**

Please contact Angela by phone or email or use the Schedulista online booking system to change your appointment with **at least 48 hours' notice** if you are unable to keep your scheduled time.

- Cancellations within 48 hours from the session will be billed at half the hourly rate.

- Missed sessions are billed at the full cost of the scheduled appointment.
- If you cancel or miss more than 3 consecutive appointments, or fail to respond to your therapist's attempts at contacting you, your therapist reserves the right to discontinue your treatment and you will be provided with information about other services that might be of assistance if this is of interest to you.
- Note: fees for missed or cancelled sessions are not typically covered by extended health benefits plans.

Cancellation fees will only be waived on compassionate grounds, such as in the event of a medical emergency requiring urgent professional treatment, death in the family, dangerous weather conditions or in the event of an accident or natural disaster.

### **In Case of Emergency**

Emergency services are not available by your therapist between sessions. In case of emergency, dial 911, go to the nearest emergency department of any hospital, or call your local crisis line.

### **Informed Consent**

Informed consent for counselling and psychotherapy is essential and out of respect for your right to choice and self-determination. Consent must be given voluntarily, knowingly and intelligently. You have the right to change your mind and withdraw informed consent at any time, terminate treatment, or refuse a particular treatment modality if you are not comfortable with it.

### **Statement of Informed Consent**

I have read and understand the information presented in this document. I hereby consent to psychotherapy and counselling services offered by Angela Herzog, MA, RP, CCC under the supervision of Dr. Shari Geller.

Client name: \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_