

Kaitlin Lindquist Counselling Service Agreement

My Responsibilities to You as Your Counsellor:

1. I will maintain electronic counselling records and a paper file for any hard copy documents, which will be securely locked. You have the right to view or request a copy of these records at any time. I will not release a copy of your records to any third party unless you have provided written consent to do so.
2. You have the right to confidential services unless outlined in one of the exceptions mentioned directly below. In all other circumstances what is discussed in counselling will not be shared with any third party, unless you have signed a written consent form to do so.
3. **Exceptions to confidentiality:**
 - a. If there is fair reason to believe you present a risk for suicide or serious harm to others, I am obligated to notify the appropriate parties and/or authorities that would help ensure safety
 - b. If you disclose any suspected case of child abuse or neglect, I have a legal duty to report to Family & Children's Services
 - c. If clinical records are subpoenaed through a court order
 - d. If you advise me about sexual abuse by a health-care provider who is a member of a regulated profession, I am obligated to report that health care provider's name to their regulatory body/College. I will not disclose your name unless I have received written permission from you to do so
 - e. If there is a report of elder abuse of a resident in long-term care
 - f. As a professional, I might seek clinical supervision or consultation with other professional(s). Your personal information will remain anonymous
4. In any of the exceptions to confidentiality, I will do my best to inform you of any action I may need to take to contact the appropriate authorities. Concern for safety will be prioritized so prior notice cannot be guaranteed in all circumstances.
5. Should I need to cancel an appointment, I will try to provide at least 24 hours' notice. In case of an emergency, this may not always be possible.
6. You have the right to ask questions about my experience and qualifications as a counsellor. If my current training does not meet your needs you have the right to request to be referred to another counsellor in the community that might better fit your counselling goals.

7. You have the right to provide critical feedback or any concerns you may have with your counselling services. I will strive to create a space that invites feedback by checking in regularly about how you feel counselling is going.
8. Should any concerns arise around unethical behaviour on my part you have the right to report these concerns to the Ontario College of Social Workers and Social Service Workers (<http://www.ocswssw.org>). My registration number is #827295.

Your Responsibilities as a Client:

1. If you are late for an appointment we will still end at the agreed upon time. Session time includes time to discuss and receive payment.
2. The base rate for a 50-minute session is \$120. The rate of pay will be discussed prior to the first appointment. If financial circumstances are a factor, discussion about sliding scale rates is an option. Please discuss this with myself if this is a factor. Payment is appreciated at the end of each session. If paying via e-transfer, it is to be sent prior to the beginning of each session.
3. You agree to provide at least **24 hours' notice** if you need to cancel your appointment. If less than 24 hours' notice is provided or you miss your appointment completely, the full fee of the appointment will still be charged. Full payment is expected on the same day as the scheduled appointment. If it is possible to reschedule a missed appointment within the same week, the cancellation fee will be waived. This may not always be possible due to scheduling availability. Exceptions to the cancellation policy on compassionate grounds, such as unexpected medical emergencies or a death of a loved one, may be made.
4. You understand that your file may be closed due to lack of payment for counselling services I have provided to you.
5. You may request to end counselling services at any time for any reason. If you wish to receive services again at a later date you may contact me to request to do so.

By signing below, I am indicating that I understand and agree to the terms above.

Client Name: _____ Date: _____

Client Signature: _____

Kaitlin Lindquist, MSW RSW
Registration #827295