

Debra Hartwell Psychotherapy and Counselling Services

Telephone: (604) 318-2351 debi@debihartwell.com www.debihartwell.com

400-604 Columbia Street, New Westminster, BC V3M 1A5

Located in the heritage brick building at the corner of 6th Street and Columbia Street

Pay parking on the ramp at the foot of 6th Street

Enter ramp off 6th Street and turn to the left, two free guest spaces labeled BAAS 1 & 2

Remember to notify reception that you are in one of those spots!

There is also metered parking on Columbia Street

I am in suite 400 – check in with the receptionist or ring the bell if the door is closed.

Counselling Services Agreement and Intake Form

**Please fill out and bring to your first session.
If you are seeing me for couple’s therapy
both partners individually need to fill out the following form.**

How were you referred to me? _____

Name: _____

Home address: _____

Telephone: Home: _____ Cell: _____

email: _____

May I call you at home? Yes No Okay to leave a message at home Yes No

May I call your cell? Yes No Okay to leave a message on cell Yes No

May I email you? Yes No

Age: _____ Date of birth: _____ Occupation: _____

Relationship status _____

Have you previously attended therapy? Yes No

If yes, briefly describe:

Why did you stop?

Please list all members of the household in which you live:

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Name: _____
Relationship: _____
Phone: _____

Physician's name: _____ phone: _____

Current Medications

(list all that you are currently taking and what they are prescribed for)

1. _____
2. _____
3. _____
4. _____

Describe the **concerns in your life today** that cause you to seek therapy;

Please list your **goals for therapy**;

1. _____
2. _____
3. _____

Are you involved in a Twelve Step group? Yes _____ No _____
If yes, which one (s)

CONFIDENTIALITY REQUIREMENTS AND LIMITATIONS

Per professional ethical guidelines the personal information you discuss in counselling sessions is confidential. No information will be released without your written authorization. However, there are situations in which I am legally required to disregard confidentiality. Specifically, **if you reveal information that indicates a clear and immediate danger of injury to yourself or others, or the abuse of a child, or if you are driving after being warned of having a medical condition that makes it dangerous for you to operate a motor vehicle, I am obligated to contact**

appropriate authorities. Counsellors are required to release records if subpoenaed by a court order.

Digital Confidentiality

Please know that despite firewalls and security programs, the confidentiality of online communication cannot be guaranteed due to the nature of internet vulnerability. By corresponding by e-mail about anything confidential, you are acknowledging that you are fully aware that our communications could fall into the hands of an unintended recipient. If this is not satisfactory to you, then let's plan another way to discuss it in person, or to speak on a land line telephone.

Agreement for Telehealth Services

The Digital Age continues to facilitate new ways to assist people to meet their mental health needs. We are happy to move in step with technological advancements to provide telehealth services. As part of our commitment to your well-being and safety, a few guidelines should be discussed. Please read this carefully.

Confidentiality - The laws that protect the confidentiality of your medical information in the office also apply to telehealth sessions, including mandatory and permissive exceptions to confidentiality. The patient and psychotherapist both agree to keep the same privacy safeguards as during an in-person session. The environment should be free from unexpected or unauthorized intrusions or disruptions to our communication. There is a risk of being overheard by a third party near you if you do not conduct the session in an enclosed private room, with reasonable sound barriers, and with no one else present or observing. The patient and psychotherapist both agree to not record the telehealth sessions without prior written consent of both parties.

Consent - You have the right to opt in or opt out of the methods of telehealth communication at any time, without affecting your right to future care or treatment.

Security - Due to the complexities of electronic media and the internet, risks of telehealth include the potential for release of private information, including audio and images. So, your psychotherapist cannot fully guarantee the security of telehealth sessions. You are responsible for information security on your computer, laptop, tablet, or smartphone.

We use software with encryption to maximize your confidentiality.

Payment

Just like in-person services, telehealth services are a professional service, and a fee is charged at the same rate as in-person services. Even when health insurance covers in-person services, health insurance may limit or deny coverage of telehealth services. You are responsible to confirm and know in advance what your insurance may or may not cover. If your insurance does not cover telehealth services, you will personally be responsible for full payment.

No Secrets Policy

Please note that with couple's or family therapy the couple/family is the client not the individual. I have a **no secrets policy** that states that confidentiality does not apply between couples or family members when one member of the treatment unit requests an individual session or contacts me outside of the therapy session. Occasionally, I may schedule an individual session only when mutually agreed upon. Please understand that any information given in the individual session or in out of session contact will not be held in confidence or secret in the couples or family session. I will encourage the person holding the secret to share at the next couple's/family session. Transparency and trust are paramount.

CLIENT RESPONSIBILITY

Individual counselling sessions are \$140 plus GST. Sessions are based on the standard fifty minutes of counselling and ten minutes' administration time.

Couples or family sessions are \$249 plus GST and are 1.5 hours long or 2 hours \$330 plus GST.

Cancellation or re-scheduling requires twenty-four hours notice to avoid hourly costs. I have held this time for you, so I ask you to accept personal responsibility for missed appointments. Please ask if you have questions regarding billing policy.

I will make every effort to return your call or email of a non-emergency nature within 24 hours during my work week. Please note that my usual office hours are Wednesday thru Saturday. I will respond to your email within 24 hours during this time. If your call or email arrives on the weekend or holiday, I will respond on the next workday. For emergencies, I will make every effort to return your call sooner than 24 hours and I ask that you call 911 or your family doctor for more immediate care.

I hereby accept services from Debra Hartwell Counselling Services under the terms and conditions, which have been reviewed with me:

- ✓ I have read and understand the therapy policies and informed consent.
- ✓ I understand the limits of confidentiality and mandated reporting by my therapist.
- ✓ I understand that emails, texting and cell phone conversations are not guaranteed as confidential.
- ✓ I understand the financial responsibility and fees charged.

Client Signature: _____ Date: _____