

## PRIVATE PRACTICE AND FEE POLICY

### **Professional Fees:** \$110.00/hour\*

These professional fees are for general individual, couple, and family counseling and all related professional services. Fees for specialized services may be higher and this fee will be stated at the outset of our service together. Fees are reviewed annually and are subject to change. Professional fees are set in accordance with the recommended fee range for social workers in private practice established by the Ontario Association of Social Workers. For this particular practice, all social workers have acquired Master's level educations, received specialized clinical training, and have at least 5 years of field experience. The clinical service provided by a social worker is HST exempt.

**Payment Options:** Payment for services will occur prior to the counselling session. Payments can be made by cash, cheque, e-transfer, or direct billing. An official receipt will be provided to you at this time. There is a \$25 charge for NSF cheques. Invoicing is available for third-party payers.

**Cancellation Policy:** We require 24 hours' notice to be able to cancel you or your child's appointment without charges. You will be charged the price of a full session should you fail to attend your appointment or cancel under the 24 hour requirement. A bill will be sent in the mail to the address on file for these charges.

**Confidentiality:** All services provided to you or your child is strictly confidential. Information about you or your situation will not be released without your informed, written consent except in the following circumstances:

- If a therapist is required by law to do so (i.e. family courts, criminal courts)
- If a therapist assesses that there is a risk of harm to yourself, your child, or to others.
- If a therapist assess that a child may have been harmed in the past, or that a child is at risk of harm in the present or future. In all cases, a therapist has a legal duty to report this.
- A therapist is bound by law to report a colleague to the Ontario College of Social Workers and Social Service Workers (OCSWSSW) for professional misconduct.
- If a therapist is required to defend themselves against a complaint filed with the OCSWSSW.

**Privacy of Personal Information:** *Please refer to our office privacy policy.*

**Telephone and Email Correspondence:** Our therapists will attempt to respond to your phone calls and emails within 1-2 business days. However, there may be circumstances that interfere with the therapist's ability to respond (i.e. vacation, emergencies, etc). In these cases, we will ensure that one of our other therapists will be in touch with you. Please ensure that we have your current contact number.

**Office Hours:** Our therapists schedule sessions based on the client and therapist's availability. There is a range of availability, including evenings and weekends.

**Crisis and Emergency Resources:**

- Children's Aid Society of Sarnia-Lambton - 519-336-0623
- Canadian Mental Health Association - 519-337-5411
- Bluewater Health - 519-464-4400
- Women's Interval Home - 519-336-5200
- Inn of the Good Shepherd (housing and food bank) - 519-344-1679
- St. Vincent De Paul (food bank) - 519-337-1058

\*Options for a sliding scale fee can be discussed with the therapist, depending on the client's income and ability to access coverage for these services

**Consent to Therapy:**

I \_\_\_\_\_ have reviewed and understand the Southwest Counselling Services (SWCS)' *Private Practice and Fee Policy* and *Privacy Notice*. With this understanding, I agree to participate and adhere to the terms of these policies.

I also consent to receiving treatment, assessment, and/or mental health services provided by my therapist employed through SWCS. I am aware that any therapeutic tool, approach, or decision is considered necessary to my treatment, and will be discussed in detail should I have any questions, concerns, or not understand something that is unclear to me. I agree to participate in the planning of my treatment goals, and understand that I may discontinue any treatment or services at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Witnessing Signature

\_\_\_\_\_  
Date