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LETTER OF AGREEMENT

Welcome! I am giving you this letter to answer some questions you may have. It will tell you what to expect of our meetings and how we should work together. Please go over it carefully. Feel free to ask me any questions.

At the end of this letter is a place for us to sign our names. Signing means we agree with all the points in this letter.

SEE YOUR DOCTOR: Please get a physical examination from your personal physician as soon as possible. This is important to make sure that none of the problems to be discussed are the result of physical health difficulties. Because I am not a physician, I cannot know if you have physical conditions that might be related to our work. It is also important to note that it is not in my scope of practice to diagnosis or prescribe. You may wish to see a Psychiatrist or a Psychologist as part of your treatment plan if you are seeking a diagnosis, or medication to assist with your concerns.

CONFIDENTIALITY: My professional ethics require me to keep everything you discuss in the strictest of confidence. I will not release information about you to anyone without your written consent.

However, there are **exceptions** where I am required by law to disclose information. These situations include:

- A risk of harm or violence to you or someone else
- Child protection concerns
- Issues of elder abuse
- Your file has been subpoenaed by the courts
- Danger to public safety
- You have been assaulted by a registered health practitioner

I am required by my college to keep a written record of our contacts. You are permitted access to these notes at any time, by prior arrangement.

To ensure that I am providing the best quality of care, I seek out regular consultation with other therapists. If your file is discussed during consultation, no identifying information will ever be disclosed.

RISKS AND BENEFITS OF THERAPY: Overall, the purpose of therapy is to create positive change, to work on achievable goals, and to enhance personal growth. I believe that everyone has strengths and we will work together to develop goals based on these strengths to more effectively meet your challenges. **Benefits** of therapy may include: an opportunity to be heard, respected, understood and supported; an opportunity to work together as a team to find solutions, and ways to cope and problem solve; the opportunity to build more positive relationships, increase self-confidence and increase success in school, social and family life. The **risks** of therapy may include: the requirement for hard work and active participation; the evoking of strong emotions of sadness, anger and fear; the

revealing of secrets which evoke feelings of discomfort; the persistence of problems despite hard work and active participation in therapy.

TIME OF APPOINTMENTS: If I cause a late start, we will still be together for the full session. If you arrive late for an appointment, we still have to end the meeting when it was scheduled to end. The charge to you for these shortened meetings will be for the full amount. You will be charged the **Full Fee** for a session if you do not notify me through email or voicemail at least **48 hours in advance** of any cancellations or changes to your appointment time, emergencies excepted. If credit card information was collected at the time of Intake, your credit card will be charged the **Full Fee** for non-attendance, or failure to provide 48 hours notification of cancellation or re-scheduling; a receipt will be issued to you via email. Alternatively, if credit card information cannot be collected, payment for your **first and last appointment will be collected at your initial consultation.** Payment for your last appointment will be applied in instances of late cancellation or changes to your appointment time, emergencies excepted. If this fee is utilized, a new final session fee will then be collected; unpaid fees are subject to a **10% additional monthly charge, as well as collection procedures after 3 months of non-payment.** Please note that only your name, and billing information would be provided to the Collection Agency; no treatment information is ever disclosed. Please ensure contact information is kept up to date. Please note that your health insurance will not cover missed appointments.

AVAILABILITY: The telephone number at the top of this letter is attached to an answering machine, and I monitor it closely during daytime hours (9-5) for messages (not overnight). **Telephone or email messages left after 5:00 p.m., or during the weekend, will not be returned until the following business day.**

IMPORTANT NOTE: THIS TELEPHONE LINE IS FOR ADMINISTRATIVE PURPOSES ONLY AND IS NOT FOR CRISIS CONTACT. If you are in crisis between sessions, or during absences, please contact the **24 hour Distress Line at (519) 667-6711, or 24 hour Crisis Line at (519) 433-2023, or call 911, or proceed to your nearest emergency room.**

In order to protect your confidentiality, email communication is available for **administrative purposes only.** Email counselling is not provided at this time.

FEES AND METHOD OF PAYMENT: The charge for your initial consultation and each meeting is **\$130.00** for coverage under a registered Social Worker. This fee covers your session, as well as preparation time, and case note writing following your appointment. Fees are set in accordance with those recommended by the Ontario Association of Social Workers. Your fee may be renegotiated if your financial situation changes (eg. your Insurance Coverage ceases). Please notify me immediately if any circumstances arise that interferes with the normal payment of your fees. You may pay by **Credit Card** (Visa/MasterCard/American Express/Discover), **cash, or cheque** (payable to Jennifer Kausky) **at the beginning** of each session. **NSF CHEQUES** will be charged **\$50.00** for each occurrence. **STOP PAYMENTS** will be charged **\$25.00** for each occurrence. If credit card information was collected at the time of Intake, your credit card will be charged for any NSF Cheques or Stop Payments; a receipt will be issued via email. Alternatively, a bill will be sent to the address on file, please ensure contact information is kept up to date. Unpaid fees are subject to an **additional 10% monthly charge as well as collection procedures after 3 months of non-payment.** Please note that only your name, and billing information would be provided to the Collection Agency; no treatment information is ever disclosed. Please ensure contact information is kept up to date. An official receipt will be provided to you at each session.

LETTER WRITING: Preparation of letters, for example, for the court or the Children's Aid Society, are charged at a **flat rate of \$30.00.**

COURT ATTENDANCE: Any court attendance, or attendance of meetings, outside of our regular meeting times, will be **charged at your regular rate.**

TELEPHONE COUNSELLING: Telephone counselling sessions may be arranged as a stand-alone intervention, or as part of a plan involving partial telephone counselling, and partial in-office visits. Telephone counselling fees are charged at the same rate as in-office visits. Credit Card payment is the preferred method of payment for telephone

counselling, unless alternative arrangements are made in advance. Telephone counselling sessions are subject to the same guidelines as in-office visits in terms of notification requirements for cancellation or rescheduling, and are subject to the same penalties with regards to non-payment.

NEWSLETTER: As part of your counselling services, a **Free Monthly Newsletter** will be sent to your email address on file. This newsletter provides valuable information for women and couples, and also uniquely features a woman in business or a business related to women. Please let me know if you do not wish to receive this newsletter.

INSURANCE: Many Employee Benefit Plans, and Private Health Plans cover some (or all) of the costs of therapy from a Registered Social Worker. It is best to check with your insurance provider prior to beginning services. In addition, as of 2012, fees for clinical social work services can now be claimed (on your tax form) as a Medical Expense Tax Deduction, due to the recognition of Social Workers as "Authorized Medical Practitioners." It will be your responsibility to submit the receipt and obtain reimbursement from the insurance company.

PRIVACY OF PERSONAL INFORMATION: All electronic information is stored on my office computer and is password protected. Paper files are stored in a locked filing cabinet. Files are destroyed after a period of no less than 7 years by shredding. Your file will never leave my office to maintain your privacy.

THERAPIST'S INCAPACITY OR DEATH: In the event that my therapist becomes incapacitated or dies, I understand and give consent to allow another mental health professional selected by my therapist to take possession of my file and records.

YOUR RIGHTS: I would be pleased to discuss any concerns that you might have in an open fashion. The services provided are regulated by the Ontario College of Social Workers and Social Service Workers:

Ontario College of Social Workers and Social Service Workers
250 Bloor Street East, Suite 1000
Toronto, Ontario N4W 1E6
Phone: (416) 972-9882; Fax: (416) 972-1512; www.ocswssw.org

STOPPING OUR SESSIONS: We will assess the number of sessions needed as therapy progresses; generally **8-12 sessions** provides good results, however sometimes results can be achieved in less time, or take longer. Preferably we should agree together when it is time for therapy to stop. However, you may tell me you wish to stop, for whatever reason, at any time, and you are welcome to resume therapy at any point in the future, subject to availability of therapy time. Therapy may be terminated in the case of perceived or actual abuse or threats, or if excessive cancellations become disruptive. Other resources will be provided if therapy must be ceased.

SIGNATURE: We the undersigned have read this statement, understand it, and agree with its terms. We will comply with all the points in this letter. I have been provided with ample opportunity to ask questions and clarify the above information. It is understood that therapy may be discontinued whenever these terms are not fulfilled by either of us.

Date:

Signature of client(s):

Date:

Signature of therapist:
