

Consent Form for Psychotherapy Services

Welcome to the psychotherapy practice of **Ayan Mukherjee, Registered Psychotherapist (Qualifying)** and congratulations on taking this step towards well-being. I am a registered member of the College of Registered Psychotherapists of Ontario (CRPO), which will hereafter be referred as the College, in this document. This document contains important information about the nature of psychotherapy and a description of the confidentiality clauses. When you sign this document, it will represent an agreement between yourself and Ayan Mukherjee.

Psychotherapy Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client, and the particular issues you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Confidentiality and Record Keeping

- The laws and standards mandated by the College require that I keep treatment records. The notes are simply a record of the date of our appointment and an account of what transpired in the session. As a Registered Psychotherapist (Q), I do not diagnose or interpret your actions, I simply observe and record them
- In accordance with the *Ontario Personal Health Information Protection Act (PHIPA)*, all communication between us is confidential and I will only release information about our work to others at your request and with your written permission
- I will collect information relevant to your therapy and safety. I will be collecting the following bits of personal information –
 - Name
 - Phone Number, including emergency contact name and phone number
 - Email Address
 - Home Address
 - Health/medical information
- You have the right to look at your records at any time. By law, I must provide a copy of this information within a reasonable period of time
- The College requires me to retain your records for 10 years, or in the case of children, 10 years from the date of their 18th birthday. Subsequent to this retention period, your record will be destroyed in a PHIPA compliant secure manner

- There are certain situations, however, where I am required by law to reveal information obtained during therapy to other persons/agencies, even if you do not give permission. These are the situations:
 - If you threaten grave bodily harm or death to yourself or another, I may inform medical or law enforcement personnel
 - If you report to me knowledge of physical or sexual abuse of a minor child by an adult, or of an elderly or disabled person, I am required to inform the appropriate agencies
 - If you report the sexual misconduct of a mental health professional, I am required to report it to the appropriate college
 - If you become involved in a legal case (child custody, civil suit, etc.), I may be required to produce records or testify. I will do everything I can to keep your records confidential but sometimes it may be out of my control to do so

Dispute or Complaint

As a client of a registered psychotherapist, you have the right to make a complaint to the College, if you deem it necessary. Oversight of Registered Psychotherapists is set out in the *Ontario Registered Health Practitioners Act* (RHPA). The *College of Registered Psychotherapists of Ontario* (CRPO) investigates concerns regarding member psychotherapist's professional conduct or competence. The *Inquiries, Complaints and Reports Committee* (ICRC) of CRPO handles member-specific concerns regarding alleged professional misconduct, incompetence and incapacity; it does not handle claims about professional negligence (i.e., civil lawsuits). The ICRC handles only formal complaints meeting the following requirements:

- the complaint must be in writing or recorded (as set out in the *Canadian Health Professional Procedural Code*)
- the complainant must be identified
- the CRPO Member must be identified
- the complaint must identify specific conduct or action of the Member and the circumstances of concern
- the complainant must intend the matter to be a complaint

The CRPO Member is given 14 days to respond to notification of the complaint from the ICRC Registrar whereupon the ICRC will decide whether to investigate the complaint. Complaints are addressed within 150 days of being filed with the College, failing which the parties will be notified and/or request that the Ontario Health Professions Appeal and Review Board (HPARB) become involved. Please visit www.crho.ca for more details.

Fees & Payment

Payment for the services rendered need to be made immediately after the end of the session. Full payment for the prior session is expected before scheduling the next appointment. Cash, Credit cards (Mastercard & Visa) and Email Transfer are the forms of payment that are accepted.

Please arrive on time for the session. A therapeutic hour will run for 50 minutes, regardless of a late start due to your delayed arrival. If the session is delayed due to my actions, then it will either be extended or

the fees will be adjusted on a pro rata basis for the session. If I choose to extend an hour long session, with your permission, then you will not be charged for the added time.

Cancellations

Your appointment time and office accommodations for your appointment are reserved exclusively for you. Missed appointments and short notice cancellations (less than 24 hours) impact me, other clinicians sharing the clinical space and other clients. Please advise me as soon as possible *by phone or text message*, if you are not going to attend at your reserved time in order to avoid incurring costs.

Should you give less than 24 hours' notice of cancellation of an appointment, the following fees apply:

- ^ missed appointment / no show: full session rate
- ^ cancellation with less than 24 hours' notice: **\$20** to cover office rental costs

Unfortunately, there are no exceptions to this policy.

In Case of Emergency

As a psychotherapist, I do not provide emergency services. In the case of emergency, please dial 911, contact your Family Practitioner, or go to the Emergency Department of any hospital.

Personal Responsibility

The Client acknowledges that responsibility for personal actions in or outside the clinic is not altered by virtue of receiving therapeutic services. The Client agrees to hold me free of all liability and responsibility for any actions or results or adverse situations created as a direct or indirect result of actions taken by the Client during or after the termination of therapy.

Termination

This Agreement may be terminated at any time by the Client. Subject to the Code of Conduct of the College (CRPO), this agreement may be terminated by its member, Ayan Mukherjee.

Use of Jane Practice Management Software

Ayan Mukherjee uses the Jane software for practice management. As a client, you will be sent a welcome email post your intake session and asked to create a confidential and secure profile on the Jane platform. You can review your upcoming appointments through your profile. Your personal details and client notes will be stored securely on Canadian servers, in Jane's cloud storage system, in accordance with Canadian data security and privacy regulations.

For more information about Privacy Compliance in Ontario visit -
<https://janeapp.com/guide/basics/privacy-compliance-for-clinics-in-ontario>

To view FAQs on Jane's security features visit - <https://janeapp.com/guide/basics/security-faq>

Consent for Electronic Communications

I, the undersigned, understand that Ayan Mukherjee uses mass and individual emails (and text messages) to communicate with his clients about a variety of topics. By answering yes/no below, I, the undersigned, hereby give my consent to receive email/text message correspondence notifying me of the following:

- Appointment Confirmations: Yes No
- Appointment Reminders (email & text message): Yes No
- Invoices & Receipts: Yes No
- Notifications about upcoming seminars, workshops, presentations: Yes No

Note: You can switch the appointment confirmation and reminder notifications on/off from your Jane profile.

Consent to Receive Psychotherapy

By signing below, you as the Client acknowledge that you have read and understood the above information, and give permission and consent to Ayan Mukherjee, to provide psychotherapy consultation, and/or treatment to you.

Agreed Upon Fee:

Reason for Sliding Scale (if any):

Clinic Location:

Date:

Client Name:

Client Signature:

Credit Card Authorization Form

Cancellation & Refund Policies:

I, the undersigned, understand that I would need to give at least **twenty-four (24) hours' notice** of cancellation for the session to be rescheduled without charge. **If I fail to provide less than 24 hours' notice of cancellation of an appointment, the following fees apply:**

- missed appointment / no show: full session rate
- cancellation with less than 24 hours' notice: **\$20** to cover office rental costs

I, the undersigned, understand that Ayan Mukherjee requires a credit card to be kept on file. Cancellation and/or no-show for appointments without sufficient notice as detailed above will be charged to your account.

I, the undersigned, understands that payments will be processed through the credit card on file after two (2) attempts to get the cardholder's approval.

Please complete all fields given below. You may cancel this authorization at any time by contacting Ayan Mukherjee. This authorization will remain in effect until cancelled.

Name (as it appears on card):

Credit Card Type: MasterCard Visa AMEX Discover

Card Number:

Security Code:

Expiration Date: (month/year):

I hereby authorize Ayan Mukherjee to charge the above credit card account for services provided herein as they are due. I certify that I am the authorized cardholder of record and that I have full authority to make charges on behalf of the account listed above. I agree that I will pay for the services provided above in accordance with the issuing bank cardholder agreement.

Printed Name:

Date:

Signature of the cardholder: