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Counselling and Psychotherapy
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Informed Consent Statement

For Counselling and Psychotherapy with Katherine Ridolfo, MSW, RSW, C.Hyp

I am pleased that you would like to work with me and as such, I would like your informed consent for the services that I provide. This is a letter of understanding which outlines costs, policies, collection of personal information and the limits to your confidentiality. We will review these together at which time I will ask you to sign and date this form.

Rates

Private Counselling sessions are NOT covered by OHIP. They may be covered by your health benefits plan through your employer.

- Individuals: \$140/60 minutes (includes time for payment and rescheduling)
- Couples/Families: \$180/60 minutes (includes time for payment and rescheduling)

An over time will be billed in increments of 15 minutes. If there is any additional work (post session), like letter writing, phone calls etc. in excess of 15 minutes will be billed at the usual rate and discussed with you in advance.

Insurance

Some extended health benefit programs may cover counselling sessions; however, you should check carefully and ask the following questions:

- Am I covered for a Registered Social Worker for psychotherapy counselling?
- What is the amount of my annual coverage?
- Is there a deductible for each session?

Worth Noting: Social Work services are considered a medical expense tax credit for income tax purposes. Any fees that are not covered by your benefits plan can be claimed when you file your income tax return.

Payment

I accept: CASH, Cheque or E-Transfer. **Full payment** is due at the end of each session. Receipts are provided. There is a fee of \$35.00 for NSF cheques.

Cancellation Policy

I request at least 24 hours' notice if you are unable to keep your appointment time. This gives me time to offer the time slot to another client. You will be charged your

FULL SESSION FEE if you don't provide 24 hours' notice. There are NO exceptions, unless you have an emergency situation.

Communication

I make every effort to return phone calls within 24 hours of a business day-unless stated otherwise on my outgoing phone message. I do not provide a crisis service-so if you require immediate assistance please dial 911 or go to the closest emergency department or contact one of the distress/help phone lines listed on my web-site: www.katherineridolfocounselling.com under Resources tab at top of page.

Confidentiality

Confidentiality is very important to me-as it is the foundational component of our therapeutic relationship. Anything you share with me, any verbal or written records about you cannot be shared without your explicit written consent and remain privileged and secure at all times **EXCEPT** under the following situations where I am mandated by law and have a duty to report:

- Abuse or suspected abuse of a child under the age of 16
- If you disclose imminent thoughts of harming yourself or someone else
- If my clinical notes get subpoenaed by a court
- If you disclose abuse by a health care provider
- If I must defend myself against a complaint filed with the Ontario College of Social Workers and Social Service Workers or any other court action

Privacy Policy

I am committed to protecting the privacy and integrity of your personal information and all of my policies and procedures are compliant with the Personal Health Information Protection Act, 2004 (PHIPA) and the Personal Information Protection and Electronic Documents Act, 2004.

I would like to take this opportunity to inform you about the personal information that I collect, how it is used, how I protect it, and your confidentiality and rights in respect to this information.

- Information required to maintain a working file according to the standards of my profession and the Ontario College of Social Workers and Social Service Workers (OASWSSW) such as: name, address, phone numbers, date of birth, other contact information, names of others who are significant to your situation (family, medical professionals) and sometimes their contact information. I also collect information about our work together in the form of case notes, correspondence, consent forms and any other information you have given me related to the nature of our involvement.
- Information necessary for billing purposes which may include information about your health insurance plans, information collected to comply with your employers Employee Assistance Program (EAP) and their standards, information about other third party payers, copies of all receipts given to you, including copies of invoices and billing records.
- Information related to the scheduling of appointments with you.

This information is collected for the following reasons:

- To maintain a clinical or working file that meets the standards of my profession and the OASWSSW.
- To provide this service to you in a way that ensures your safety.
- To maintain a high level of professionalism in the provision of service.
- To assist in the process of billing for my services.
- To meet other legal and regulatory requirements.
- To maintain records pertaining to the operations of business and to make these records available if requested.

I make every effort to safeguard your personal information. I would like you to know the following:

1. Your file contains all the personal information about you that I have collected with the exception of receipts. Files are stored in a secure locked cabinet in a locked office.
2. Your file is maintained according to the regulations set forth by my regulatory college, the OCSWSSW and is maintained according to the regulations set forth by my regulatory college, the OCSWSSW and in accordance with other legal requirements.
3. Legally, your file must be kept for seven years after our final involvement, after which time, it will be shredded and disposed of by me personally.
4. In the event of my incapacity or death, a designated Registered Social Worker would have some access to your information in order to assist you in transferring to another therapist or to maintain the file according to legal and regulatory standards. The social worker would also be a member of the OCSWSSW and as such would be obliged to provide the same standard of services as I provide.

You have the right to request to see your personal information as I have collected it and to review your clinical file. I will assist you to understand all of what has been written in the file. If you believe that some information is incorrect, you may request that information be changed accordingly. If you wish to view your file or have any questions about the privacy of your information, please contact me, Katherine Ridolfo, RSW, MSW.

Consent for Therapy

I have agreed to be seen by Katherine Ridolfo, RSW, MSW, CH of Katherine Ridolfo Counselling and Psychotherapy. I have read, understand and agree to the policies and practices outlined above, and have been given the opportunity to ask questions.

Client Signature

Date
