



CONSENT FOR ASSESSMENT AND TREATMENT & DISCLOSURE OF INFORMATION

An effective therapeutic relationship works, in part, because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

ABOUT PSYCHOTHERAPY:

Psychotherapy is a broad field that varies tremendously based on the approach used, and on the particular relationship between therapist and client. Generally, psychotherapy is a collaborative treatment which takes place in a supportive environment and allows you to resolve, transform and integrate mental and emotional challenges or issues, which may be causing suffering or preventing you from living your life to the fullest.

In the beginning, we will collaborate to establish clear goals for the outcome of your therapy. During this time, I will be able to offer you my initial impressions of how I can support you and which approaches might be useful. Together, we will develop a plan for reaching your goals. Over time, we will define specific areas of focus, identify particular skills and capacities to be developed and/or healed, and implement approaches that can help you develop/heal them. As part of this, I ask that you please keep me informed about your experience. You are invited to ask questions, express concerns and give me feedback on a regular basis—doing so will optimize our therapeutic relationship and ensure that you get the most out of our work together.

I have a Masters of Arts degree in Counselling Psychology earned in 2015 from Yorkville University, and a Bachelor of Arts degree in Psychology earned from Queen's University in 2002. I am a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO), which governs psychotherapy in Ontario. I use several approaches when working with clients. For symptoms related to stress, anxiety, panic attacks, depression, dissociation, chronic fatigue, chronic pain, I often use a body-based approach called Somatic Experiencing (SE). SE is a psychobiological approach to trauma-resolution based on the principle that many of our psychosomatic symptoms arise in response to threatening situations that we have not sufficiently resolved, and continue to wreak havoc in our bodies. You can read more about SE at www.traumahealing.com. I also use an approach called Emotionally Focused Therapy (EFT) for couples and to resolve issues related to attachment (in infancy, childhood, and adulthood), attachment wounds, and loss or longing of fundamental needs not being met. You can read more about EFT at www.iceeft.com. I also incorporate cognitive therapy at times to challenge beliefs and change perceptions. Frequently, our therapeutic relationship also becomes fertile ground for the unfolding of therapy, and I find that working relationally within the context of a professional relationship can help restore function, skills, and healthy attachment patterns. Lastly, I may also use mindfulness, yogic philosophy, spiritual, and existential approaches as appropriate.

ABOUT COACHING:

I incorporate coaching, as mutually agreed upon, into our psychotherapeutic work. As a Strategic Intervention Coach, I am trained to support you in creating and executing an exciting vision for your life, and taking steps towards meeting your goals in personal projects, relationships, and business. Other coaching services include values clarification, vision statements, brainstorming, identifying plans of action, and examining modes of operating in life, asking clarifying questions and making requests. Many times, coaching and psychotherapy blend seamlessly together, and at other times, we will be specifically doing either coaching work or psychotherapy together. I will always inform you about what we are doing and why, include you in the decision-making process, and endeavor to answer any questions you may have.

CONFIDENTIALITY:

All information provided (verbally, written, and otherwise) during your sessions and as part of the intake process will be kept confidential by me, except under the following circumstances:

- I may disclose limited information to necessary people without your permission if I have clear evidence that you are a serious danger to yourself or others.
- I am mandated to breach confidentiality if I learn of an incident of child or elder abuse by you or anyone else.
- There are also some situations where the court can mandate that I release your records.
- I frequently discuss my client's cases anonymously with my Supervisor, peers and colleagues to enhance my own learning and hold myself accountable to the work we are doing together.

SUPERVISION:

I meet regularly with my Supervisor, Patricia Berendsen (Patricia Berendsen and Associates, Psychotherapy and Counseling Services), to help ensure accountability and that I am upholding best practices. Patricia lives in London, Ontario and we meet via Skype. In these meetings, I frequently discuss my client's cases and will likely share details of your case with her. I will, however, not share any identifying information such as your name, the names of people you discuss, place of work, or any other information that might compromise your right to privacy. If you have questions about what I discuss with my Supervisor, please ask me. It is your right to know what I discuss with her and why. If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact my Supervisor at the following:

Patricia Berendsen
521 Nottinghill Rd | London, ON | N6K 4L4
patricia@patriciaberendsen.com
519-619-8801

COUPLES THERAPY:

If you and your partner decide to have individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

NATURE OF OUR THERAPEUTIC RELATIONSHIP:

I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients other than the therapy relationship.

Exceptions to this include other professional relationships within the scope of my work. You may come to my public yoga classes, workshops, or retreats, in which case, I may also be your Yoga Teacher or Facilitator. During these times, I will never disclose the fact that you are also my client, even though you are free to do so if you wish.

DRUGS & ALCOHOL:

To receive the most benefit from our sessions, please avoid the use of drugs or alcohol (except for prescribed medication) for 24 hours before and after your session.

FEES:

My fees per session are \$150 CAD per 50-55 minutes for individuals. For couples and families (2+ people per session) my fees are \$160 per 75 minutes. All fees include tax. Limited spots are available on sliding scale for clients whose gross household income (including all working adults who live in the home) is under \$50k per year. Proof of income is required. If you are in need of financial assistance, please inquire.

You can pay by credit card, e-transfer, or cheque. For credit card payments, Christine can keep your information on file and charge the card on your behalf on the day of your session. E-transfers should be sent to christine@christinelee.co. Cheques should be sent by mail to the address in the footer and made out to "Christine Lee" (please allow enough time for the cheque to be received prior to your session). All payments are due in advance of the session.

SCHEDULING & CANCELLATION POLICY:

After an initial session together, we will assess whether our therapeutic relationship is a fit for both of us. Should you decide to continue, you can choose between weekly or bi-weekly sessions. You will be scheduled at the same day and time either weekly or bi-weekly. If I need to change the time of your appointment, I will give you not less than 1 weeks' notice, and I request that you agree to do the same.

I require one weeks' notice to cancel a session without charge. However, if, due to illness or another emergency you cannot make your scheduled appointment, and we are able to reschedule your appointment during the same week, you will not be charged a cancellation fee. Please note that, while I make every effort to reschedule in emergency situations, it is sometimes the case that there are no available times for rescheduling.

LATE CANCELLATION OR MISSED APPOINTMENT FEE:

If an emergency causes you to cancel a session with less than a week's notice (and we do not reschedule for the same week) you will be charged a cancellation fee of one half of my normal fee for your scheduled time (\$75 for 50-55 minutes). Missed appointments, and cancellations with less than 24-hours notice, are subject to the full fee.

PHONE CALLS, ONLINE VIDEO & COMMUNICATIONS:

For our sessions, I use a secure videoconferencing line through a program called Zoom. Prior to our first session (and in subsequent reminder e-mails), I will send you the link for the call. Please keep this link as it is the same one you will use for every session. Prior to our first call, please click on it to ensure it is working. Some computers will be required to do a one-time download of the applicable software. If it does not work for you, please try a different browser. I use Skype and phone as a back-up if there are any issues. For Skype, please add me at 'freespirit.lee'.

If our sessions are via phone, I will call you at the number you provide me with. To leave any messages for me, please e-mail me at christine@christinelee.co, or call (506) 469-5019. There is no charge for calls of less than 10 minutes.

For all online video and phone sessions, please ensure that you have a good connection/good reception. For your privacy and to receive the most benefit from our work together, I request that you ensure you have a quiet, private space where you feel comfortable and will not be interrupted or overheard during our session.

EMAIL:

I am happy to schedule/re-schedule appointments via email. If you would like me to review documents, correspondences, or respond to email that exceeds 10 minutes of time, there is a prorated fee based on your fee for a 50 – 55-minute session. Please be aware that e-mail, although normally not read or intercepted by a 3rd party, is not necessarily confidential and I can not guarantee confidentiality of documents sent via e-mail.

TERMINATION OF PSYCHOTHERAPY:

Once you begin regular therapy (weekly or biweekly sessions), you of course have the right to terminate therapy any time you wish. However, in some circumstances people feel that they want to stop therapy when they are about to face something that is uncomfortable, yet potentially very fruitful. For this reason, I request at least two sessions notice—one to discuss termination and make a plan for closure, and the second to summarize our work together, plan your next steps, and bring our work together to a successful close.

Your signature on the next page indicates that you have read, understand, and agree to all policies and statements within this document.

I sincerely look forward to working with you.

SIGNATURES

CLIENT NAME (please print)

CLIENT NAME (please print)

Client Signature

Client Signature

Date

Date

CLIENT NAME (please print)
(IF CLIENT IS UNDER 18)

Christine Lee MACP, CCC, SEP
Registered Psychotherapist

Name of Legal Guardian (please print)

Date

Signature of Legal Guardian

Date