



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/counselling, 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/COUNSELLING

Psychotherapy and counselling is a broad field that varies tremendously based on the approach used, and on the particular relationship between therapist and client. Generally, it 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. Some therapists make a distinction between psychotherapy and counselling, but here, I am using those terms broadly and the specifics of what you can expect to experience in our work together, are outlined below.

In the beginning, we will collaborate to establish clear goals for the outcome of our work together. 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 Canadian Certified Counsellor with the Canadian Counselling and Psychotherapy Association. Under this designation, I am able to work with clients in Canada and the U.S. For clients outside of North America, I work under my coaching designation. 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 & 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. 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 working relationally within a professional relationship can help restore function, skills, and healthy attachment patterns. Lastly, I may also use mindfulness, 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 Clinical Supervisor and my EFT Supervisor, to help ensure accountability and that I am upholding best practices. My Clinical Supervisor, Patricia Berendsen, lives in London, Ontario and we meet online (www.patriciaberendsen.com). In these meetings, I frequently discuss my clients' cases and will likely share details of your case with my supervisor. 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 them 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 Clinical 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 counsellor/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 workshops or retreats I lead, in which case, I may also be your 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 \$120 USD* per 50-55 minutes for individuals. For couples and families (2+ people per session) my fees are \$150 USD* per 75-90 minutes. All fees include taxes and any applicable service fees.

**I charge in US dollars because I am a resident of Maine in the United States, however I am from Canada, registered in Canada, and most of my clients reside in Canada.*

For payment I accept credit card, or PayPal transfer through an account of your choice. For credit card payments, I can keep your information on file and charge the card on the day of your session. As a US resident, I cannot accept e-transfer. *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. If 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. I make every effort to reschedule in emergency situations, but sometimes there are no available times.

LATE CANCELLATION OR MISSED APPOINTMENT

If an emergency causes you to cancel a session with less than a week's notice (and we do not reschedule in the same week) you will be charged a cancellation fee of one half of your regular session fee. Missed appointments and cancellations with less than 24-hours' notice, are subject to the full fee. Likewise, if I cancel your session with less than one weeks' notice (and we do not reschedule in the same week) you will receive 50% off of your next regular session. If I miss or cancel your appointment with less than 24-hours' notice, your next session is free.

PHONE CALLS, ONLINE VIDEO & COMMUNICATIONS

For our sessions, I use a secure videoconferencing line through a program called "doxy.me". As a back-up, I use a program called "Zoom". Prior to our first session (and in subsequent reminder e-mails), I will send you the links for the rooms. Please keep the link, as it is the same one you will use for every session. Prior to our first call, please click on them to ensure they are working. For Zoom, you may 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 phone as a back-up if there are any issues.

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@christinehakkola.com, or call/text (207) 317-2999. 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 hourly session fee. Please be aware that e-mail, although normally not read or intercepted by a 3rd party, is not necessarily confidential and I cannot 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 Hakkola MACP

Registered Psychotherapist
Canadian Certified Counsellor
Somatic Experiencing Practitioner

Name of Legal Guardian (please
print)

Date

Signature of Legal Guardian

Date