

**Sue Cooperstock, MSW, RSW**

Psychotherapy and TAP (Tapping Assisted Psychotherapy)

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**OCSWSSW REG'N  
#324645**

**Private Practice Informed Consent Statement  
For Psychotherapy with Sue Cooperstock, MSW, RSW**

Dear Client,

I am pleased to be a provider of service for you. I would like your informed consent for the services that are to be provided. This means that I would like you to understand the services I hope to provide you, the cost involved, my office policies, what I do with the personal information I obtain about you, and the limits of your confidentiality. Please read through these policies carefully. We will review them together at your first session. If you have questions about any of these policies we can discuss them at your appointment or feel free to contact me now or at any time prior to your first appointment.

I will ask you to sign and date this form at your first appointment. If your session is virtual, I will obtain your verbal consent at your first appointment.

**1. Rates and Insurance**

Sessions are not covered by OHIP. They may be covered in full or in part by your benefits plan.

- **Individual** session: \$165/ 60 minutes (includes 5 minutes for session scheduling and payment)
- **Family** session: \$245/ 90 minutes (includes 5 minutes for session scheduling and payment)

If you would like to arrange a **Single Session Consultation** or an **individual session of 90 minutes** or **2 hours**, please feel free to discuss this with me.

Telephone calls, report writing, or other services in excess of 15 minutes will be billed at the usual hourly rate and will be discussed in advance with you.

## **Insurance**

Services may be covered in full or in part by your extended health benefits plan. Please check your coverage carefully by asking the following questions:

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

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

## **Payment**

During COVID, and while sessions are virtual, I am accepting payment by e-transfer. I ask that payment be made prior to your session from your second session forward. Please use sue@suecooperstock.com. No password is needed. Itemized receipts are available upon payment and session completion, and are emailed to you. You can use the receipt for insurance or income tax purposes.

## **2. Cancellation Policy**

I request 48 hours of notice for a session cancellation, so that I can offer your appointment time to someone else. Your **full session fee** is charged for missed appointments or if you do not provide at least **48 hours of notice** in advance. Unfortunately, I cannot make exceptions to this policy except under emergency circumstances only. An invoice will be mailed to the address on file for late cancellations or missed appointments. This includes your initial appointment.

## **3. Telephone, Email and Texting Communication**

I try to return phone calls on the same business day or **within one business day** unless stated otherwise on my outgoing phone message. Please note that I cannot offer crisis services, so if you require immediate assistance, please visit your local Emergency Department or contact one of the local distress and crisis resources listed on my website, [www.suecooperstock.com](http://www.suecooperstock.com), Links and Resources page, top of page.

I use email and text for the purpose of appointment or other scheduling matters or for other non-clinical reasons if clients provide consent for me to do so.

#### **4. Confidentiality**

The information you share with me is confidential. Both written and verbal records about a client cannot be shared with another party without the informed, written consent of the client.

If you would like me to collaborate with another healthcare provider or any other person around your care, I will discuss the risks and benefits of doing so with you, and will request that you provide written consent for this purpose. We will discuss and in some cases identify in writing the parameters of that contact. Your consent will allow me to disclose or exchange information with that specific person. I will not accept information from another practitioner unless I have your consent. There may be occasions where I will ask you if I may speak with others about you and your situation. I will similarly seek your informed, written consent to do this.

There may be occasions when I must share information about you or your situation without your consent. These situations are exceptional but include the following:

1. I am required by law to report suspected child abuse or neglect to the relevant child welfare authority.
2. If a client intends to harm him or herself, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I will take further measures without their permission that are provided to me by law in order to ensure their safety.
3. If a client is threatening serious bodily harm to another person/s, I must notify the police and inform the intended victim/s.
4. I am obliged by my professional college (the OCSWSSW) to report past or present serious misconduct by a colleague.
5. If I am required by law to release information such as receiving a subpoena to court.
6. 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.

#### **5. Privacy Policy**

I am committed to protecting the privacy of your personal information and have developed policies and procedures in compliance with the Personal Information Protection and Electronic Documents Act, 2004 (PIPEDA) and the Personal Health Information Protection Act, 2004 (PHIPA).

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

The nature of personal information I collect may include:

1. 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 such as your name, address, phone numbers, date of birth, other contact information, names of others who are significant to your situation (family, your doctor, and other professionals) and sometimes their contact information. I also collect information about our work together and this
2. would include notes detailed enough to reflect the scope of the work and my actions in this regard, any correspondence sent or received, any consents or other documents you have signed, copies of papers you have given me, and other documentation particular to the nature of our involvement.
3. Information necessary for billing purposes which may include information about your health insurance plans, information collected to comply with the policies of your Employee Assistance Program and their standards, information about other third party payers, copies of all receipts given to you including copies of invoices and billing records.
4. Information related to the scheduling of appointments with you.

I collect this information for the following reasons:

1. To maintain a clinical file or working file that meets the standards of my profession and the Ontario College of Social Workers and Social Service Workers.
2. To provide this service for you in a manner that ensures your safety.
3. To maintain a high standard of professionalism in the provision of service.
4. To assist in the process of billing for my services.
5. To meet other legal and regulatory requirements.
6. To maintain records pertaining to the operations of a business and to make these records available if requested.

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

1. Your file contains all the personal information about you and your situation with the exception of copies of billing information such as receipts. Files are stored in a locked cabinet in a secure area. Only I have access to this area.
2. Your file is maintained according to regulations set by my profession and the Ontario College of Social Workers and Social Service Workers and in accordance with other legal requirements.
3. When information about you is no longer required, it is shredded and disposed of by me.

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 a transfer to another therapist or to maintain the file according to legal and regulatory standards. This social worker would also be a member of the Ontario College of Social Workers and Social Service Workers and would be obligated to provide all services to the same standard that I would.

You have the right to request to see any personal information that I have collected about you or your situation. You have the right to view your clinical file. I will assist you to understand what has been written in your file. If you believe that some information about you is incorrect, you may request that the information be changed. I will then correct this information with any third parties who may have been given the wrong information. If you wish to view your file or if you have any concerns about the privacy of your information, please contact me, Sue Cooperstock, MSW, RSW.

### **Consent for Therapy**

I have agreed to be seen at Sue Cooperstock Psychotherapy, the private practice of Sue Cooperstock, MSW, RSW. I have read, understand and agree to the policies and practices outlined above, and have been given an opportunity to ask questions.

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**Client signature**

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**Date**