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Consent form (2025)

Counsel with Care

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Carolyn Stuart MACP, RP

226-458-4587

carolyn@counselwithcare.org

INFORMED CONSENT:

Carolyn is a professional Registered Psychotherapist who has completed a Master's Degree in Counselling Psychology at Yorkville University. She is registered and in good standing with the College of Registered Psychotherapists of Ontario. She has experience working in a Trauma- informed private practice serving individuals of all ages with a variety of needs. She has a special interest in working with individuals presenting with grief or trauma, as well as those who identify within the LGBTQI+ community.

Carolyn is passionate about the work she does and continuously strives to grow and learn new and more effective skills for her clients. In sessions, she uses an integrative approach, using ideas and methods from several different types of therapy. She mainly uses techniques from Cognitive- Behavioural Therapy, Client- Centered Therapy, Trauma-informed therapy, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing (EMDR), and Solution Focused Therapy.

Carolyn believes that counselling should be a collaborative experience; therefore, she incorporates discussions with her clients to determine the best approach and therapeutic tools for them. For this collaborative process to be effective, it is important to set clear boundaries, rules, and responsibilities, for both the psychotherapist and client. These are outline in detail below:

CONFIDENTIALITY:

Any information discussed in therapy or with the psychotherapist will remain confidential. That is, the psychotherapist, will not inform any outside sources that you are a client, the contents of a session, or whether you attended sessions, without your written permission. There are some instances to confidentiality where the psychotherapist is required by law to inform outside sources. The exceptions to disclose are as follows:

1. If you are/or appear to be a threat to yourself or another person, including your psychotherapist.
2. If there is reported or suspected incidents of physical, sexual and/or emotional abuse to a minor, a report will be made to the appropriate children's aid society.
3. If there is a court order for the psychotherapist to release files or appear in court.
4. If you are/or appear to be abused by another helping service professional (e.g., physician, psychologist, nurse, chiropractor, dentist, etc.), a report will be made to their regulating body.
5. For consultation, training, and educational purposes, with other professionals; however, any identifying information would be left out.

SESSIONS:

Therapy sessions are $150 including tax per 50-60 minute individual session or $170 including tax per 50-60 minute couple or family session. The therapy hour is fifty minutes of direct contact, with the remaining ten minutes being used for treatment planning and completing records. Payment must be made at the completion of your session by e-transfer (EMAIL) or through credit card using a payment processing software called Square. A receipt will be given when payment is received. Please retain these receipts for your insurance or income tax claims, if applicable. Refunds will not be given for denied claims, **it is the client's responsibility to ensure that services are covered under their extended health benefits,** if applicable. Please check with your benefits provider in advance to ensure that you are covered for the session.

CANCELLATION POLICY:

1. If you miss a session without cancelling, or cancel without providing 48 hours notice, you will be charged the full rate of that session.
2. If you arrive late for an appointment, the session will still end on time and you will be charged the full session fee. Naturally, unforeseen emergency situations will be considered.
3. No charge is given, if you cancel and provide more than 48 hours notice before your scheduled session.

CONTACT:

Voicemails and emails are typically answered within 24-48 business hours. It is important for you to know that an encryption program for email is not used; therefore, it is not completely confidential. It is safer to limit communication to scheduling related concerns. Additionally, the psychotherapist does not have 24-hour emergency or "on call" coverage. If you are in a psychiatric or emotional emergency, you should call 911 or go to the nearest hospital emergency room.

CONCERNS:

It is the psychotherapists number one priority that you are happy with your treatment and are benefiting from therapy; therefore, if you are unhappy with the sessions, please do not hesitate to reach out to your psychotherapist and voice your concerns.

☐ By clicking this box I agree that I have read and understood the information presented in this consent form, and hereby consent to the services outlined above. The client has a right to revoke this consent at any time. If the client wishes to revoke consent, it must be done in writing.

** Scheduling first session with Carolyn Stuart signals agreement with these policies.

☐ Clicking this box is you submitting your electronic signature to Counsel with Care and you giving written agreement to the terms and conditions

Date of completion of form (YYYY-MM-DD)