## Rick Eckley, M.A., R.S.W.

240 Roncesvalles Ave. Toronto, ON., M6R 1L3, 416-358-9933, psychotherapy@rickeckley.com

# SERVICE AGREEMENT AND INFORMED CONSENT FOR PSYCHOTHERAPY

Welcome to my psychotherapy practice. This document contains important information about my professional services and business policies. If you have any questions about what you read, feel free to ask me about them. I am a registered member of the Ontario College of Social Workers and Social Service Workers (reg. no. 804280) and I abide by their code of ethics. If you have ethical or legal concerns about the services I provide, you can contact them at 416-972-9882.

## **PSYCHOTHERAPY SERVICES**

The psychotherapy I offer is typically a particular kind of conversation in which you and I will work together to help you reconsider aspects of your life that aren't going the way you would like. Your task will be to talk about your life as openly as possible and reflect on whatever feels most important to you. My task will be to listen carefully and to help you do things such as explore patterns in your thinking, feeling, and behaviour, consider alternative interpretations of events, and reflect on your relationships with yourself and others. Rather than offering advice, I will help you come to your own well-considered conclusions about your life.

Psychotherapy can have benefits and risks. Since therapy often involves discussing challenging aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, or loneliness. On the other hand, psychotherapy has also been shown to have benefits. It correlates to things like better relationships, new perspectives on old problems, and reduced distress. But there are no guarantees of what you will experience.

## PRIVACY AND CONFIDENTIALITY

All aspects of your involvement in psychotherapy with me will be held in confidence. I will not discuss information you reveal to me with outside parties without your written consent. One exception to this is when I discuss my work in clinical consultation where others assist me in making sure I am doing my best possible work with you. The information shared in consultation meetings remains completely confidential. Also, I am legally and/or ethically required to disclose confidential information to an appropriate authority in four kinds of circumstances:

- 1) if I become concerned you may harm yourself or someone else
- 2) if you reveal apparent, suspected, or potential child abuse or neglect
- 3) if you report sexual abuse by a Regulated Health Care Professional
- 4) if the court issues a summons to me for records or testimony.

## MEETINGS AND FEES

Our meetings will last 50 minutes. I take payment for meetings by cheque or cash at the time of the meeting. Once an appointment is scheduled, you will be expected to pay for it unless you provide at least 24-hours advance notice of cancellation.

Any substantial time required outside of sessions to assist you, including extended phone calls, letters, reports, court appearances, or collaborating with other professionals, will be billed at the same hourly rate as our sessions.

#### CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, you can leave me a voice mail at 416-358-9933. I will make every effort to return your call within 48 hours. In case of emergency, you should go to the nearest hospital or contact the Toronto Distress Centre at 416-598-0166 or, if you live in downtown Toronto, the Gerstein Centre at 416-929-5200

#### PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or be upsetting to untrained readers. If you wish to see your records, I recommend that we review them together to make sure you understand them fully.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature \_\_\_\_\_

Date\_\_\_\_\_