



### **Mental Health Services Agreement: Group Therapy**

#### **The Independence Counselling Team**

All of our staff have received their professional education from accredited universities or colleges, and are registered with their respective licensing bodies. Those in the professional “candidacy” stage, may on occasion share information with their supervisors. When this is the case, names or identifying information will not be used.

We appreciate feedback and questions; therefore, if you have questions about our procedures or the direction your therapy is taking, we should discuss them when they arise.

#### **Confidentiality**

In providing you with group therapy, it is very important that you can speak openly with your therapist-facilitators in order to benefit from the mental health service. To encourage this openness, your therapist-facilitators agree to keep the information that you share with them confidential. This means that information shared in the course of group therapy will not be shared with anyone without your consent. However, to protect the safety of vulnerable persons or your own safety, and in certain other unusual circumstances, an exception will be made to this confidentiality agreement. The following situations may require your therapist to share pertinent information with another party:

1. If you present a risk of safety to yourself or others, this may be reported to others who can ensure or maintain your safety or the safety of others.
2. If you disclose knowledge that yourself or another person under the age of 19, an elderly person, or any other vulnerable person may be at risk of harm (e.g., physical, verbal, or sexual abuse, or neglect), this will be reported to the appropriate Child or Adult Welfare agency.
3. If you sign a release of information for a third party such as a physician, social worker, lawyer, insurance company, teacher, etc., the information will be released as requested. The specifics will be discussed before information is released. For clients being seen as a couple or family, release of information requires written consent of all individuals involved in therapy. Information cannot be released with only one person’s consent.

4. You will be asked to sign an agreement allowing your facilitator-therapists to communicate openly with your individual therapist during the course of the group. This is to ensure the best outcomes for you in both group and your individual work.
5. If you make an ethical or legal complaint against your therapist, they are not bound to keep information related to the complaint confidential. This is to allow them to explain their behaviour in the appropriate legal forum.
6. If a court judge subpoenas your file, or as otherwise required by law.
7. Group participants agree to maintain confidential all information shared in the group. This includes the identity of participants. No information is to be shared with anyone outside of group members. You may share information about skills you have learned, or your own information, at your discretion.

In the event that you and your therapist-facilitators come into contact outside of the confines of therapy, our clinicians will respect your wishes with respect to whether or not you wish to be acknowledged or addressed in public. Your preferences can be discussed at the beginning of therapy.

### **Information for Parents**

If your child is receiving mental health services, please understand that all attempts to include you in the treatment will be made by the staff at Independence Counselling. In most cases, however, your older child or adolescent retains the legal right to consent to or deny treatment. If services are for a minor, by signing below you are agreeing that you have the legal right to consent for this child. If parents are divorced or separated, you are following any existing legal agreement with respect to notifying or seeking consent from the child's other parent. If disagreement arises between parents consenting to mental health services, it is the position of Independence Counselling to continue providing services to the child as long as the treating therapist has both the informed consent of the child and *one* custodial parent.

Your child's confidentiality will be protected by their therapist, except in the situations as mentioned above, i.e., where they may be at risk of harm to themselves or others, when they are being harmed by someone else, or when they give their consent for their therapist to speak with you or someone else. The benefit of this for your child/adolescent is that they may feel more comfortable sharing information with the therapist, and therefore will benefit more from the service.

### **Other Information About Our Mental Health Services**

Other important information pertaining to the mental health services offered by Independence Counselling includes the following:

1. Your therapist-facilitators are professionally required to keep records of their contact with you. Group notes will be accessible to your group facilitators and, if you are a client of one of our associates, to your individual therapist. Your individual client file notes may also be accessible to the group facilitators if you are currently a client of the practice. If this is the case, you will be notified of this at the start of the group. This is to enable

communication between your individual therapist and the group facilitators to ensure we offer you optimal service and collaborative care. It means we can tailor our individual and group therapy to meet your needs better. These records will be kept in either a locked safe (if paper copies are used) or stored via a secure online platform.

2. Your full name, address, phone number, email address, emergency contact information, and family physician's name will also be stored in either a locked safe or via a secure online platform.
3. Neither therapist-facilitators nor clients will record audio or video of sessions without written consent from both parties.
4. There is a fee for private mental health services, as these are not covered by government health plans (i.e., MSI). The fees depend on your therapist's profession, and are set to be at or slightly under the recommended rates set out by their various professional licensing bodies and associations. The fee for a 6-week group is currently \$720. This fee will be billed directly to you. You will have to check with your health insurance plan to ensure it is covered, and if it is, will need to submit for reimbursement yourself. Please note that group fees are non-transferable and non-refundable, and are due either at the beginning of group, or on a weekly basis (if negotiated with your group-facilitators).
5. Clients who miss three consecutive sessions of group will be considered as having dropped out of the group. Payment will still be due, regardless of absences.
6. Your therapist-facilitators cannot direct bill insurance companies. Therefore, you will be expected to pay for the session upon receipt of the services and may send in the receipts to receive your reimbursement from your insurance company.
7. Although we take precaution to minimize the risk of privacy breach through our office email, we cannot eliminate that risk entirely. Please be aware that email communication can be intercepted in transmission or misdirected. Consider communicating any sensitive information by telephone or mail.

### **Telehealth Sessions**

Currently, Independence Counselling is operating almost exclusively via telehealth (i.e., a secure online platform). There are potential benefits and risks to telehealth services that are different from in-person sessions. Prior to starting telehealth services, you agree to the following:

- The confidentiality parameters set out above still apply for telehealth services. Your therapist will take all possible steps to ensure privacy and confidentiality are preserved.
  - All online video services will be provided using secure platforms specialized for telehealth.
  - Your therapist will discuss the video-conferencing platform selected for your virtual sessions, and will explain how to use it before proceeding. If you choose to proceed that indicates your consent to the use of the selected platform.
  - For online sessions, you need to use a webcam or smartphone during the session.
  - Your therapist will not record telehealth sessions without your permission and the permission of all person(s) involved (for instance, both couples for couples' therapy; or other family members for family therapy).

- Please note that by signing this agreement, you are also agreeing to not record sessions unless it has been discussed with your therapist in advance.
- Your therapist will provide you telehealth sessions from a confidential, private space.
- It is important that you as the client are also in a quiet, private space that is free of distractions (including cell phones or other devices, unless previously discussed with your therapist). Please ensure that no one else is in the room with you while we are in session, unless they are a participant in the session. Please ensure that all doors remain closed. Headphones, if you have them, are recommended to improve privacy for video sessions.
- Please use a secure internet connection rather than public or free Wi-Fi.
- To minimize the possibility of someone impersonating you, your therapist will use some form of coded identification in cases where visual verification of your identity is not possible.
- For online therapy, please provide a phone number where you can be reached to restart the session or to reschedule it, in the event of technical problems. If the telecounseling (online) service is interrupted, your therapist will attempt to reach you immediately by telephone at least twice, at a number you have provided and with your consent to leave a voicemail if necessary. If you don't respond within 15 minutes of the first call, your therapist will assume you have left the session, and you will be billed at the full rate of your session. If the service is interrupted within 15 minutes of its' scheduled end, your therapist will attempt to contact you by telephone, but if they don't reach you right away, you will be billed for the full session.
- If you need to cancel or change your telehealth appointment, please notify your therapist in advance by phone or email as is normally required in accordance with our cancellation policy, or you will be charged for the missed session.
- Please provide your therapist information about your location at the time of your session, and at least one emergency contact in the event of a crisis situation.
- Please confirm with your insurance company that the telehealth sessions will be reimbursed; if they are not reimbursed, you are responsible for payment.
- Your therapist cannot provide you therapy via email or text messaging. However, at times they may be able to provide brief coaching. Please discuss this with your therapist, as each therapist has their own parameters regarding coaching emails or text messages.
- Keep in mind that emails and text messages are printed off and stored in your file.
- Miscommunication can happen in telehealth services. Please bring up any concerns that you may have so that you can work through them together with your therapist.

**I have read the above information and/or it has been reviewed with me. I understand the limits of confidentiality and the terms of receiving these mental health services, including those offered via telehealth. I accept them and consent to mental health services.**

Client Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to your therapist via E-mail.