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POLICIES AND CONSENT FORM

Welcome

Counselling and Therapy are – more than anything else – about a professional relationship between you and a well-trained therapist. Research tells us that it is the **quality** of this relationship that affects how well therapy ‘works’ for you. Research also tells us that seeing a therapist is a powerful way of attending to transitions, worries, concerns, relationships and other matters where you would like to make changes and/or gain greater insight in your life. Since you will be speaking about things that are important to you, and that you may not have spoken to many people about, therapy may elicit some strong – sometimes uncomfortable - feelings or thoughts.

It is important therefore to build a solid working relationship where you can feel free to talk openly, and explore difficult aspects of your life. To this end, I will do my best to make this relationship one of safety and trust.

Consent

Consent refers to your right to decide whether or not to receive my services, and to determine the duration and the nature of those services. You will need to make this decision based on an understanding of my roles and responsibilities, your rights as a client, and potential risks and benefits of therapy. Consent is therefore an ongoing process, and you have the right to ask any questions at any time about the therapeutic work we are doing.

Privacy

Privacy refers to your right to determine the time, circumstances, and extent to which your personal information is shared with others. Your personal information (such as your name, address, contact information) will not be shared with third parties or used **without your written permission** except as noted below:

- To help me keep track of your referral information for administrative purposes;
- To provide billing information required by a third party to pay for services;
- To provide information to a third party if I am referring you for treatment.

Confidentiality

Information about you contained in my files is not shared or released without your written consent **except** in cases where I am legally or ethically obligated to do so without your consent. Client files are maintained for a minimum of seven years, after which time they are destroyed. Files on children/youth are maintained for 10 years after their 18th birthday.

Limits of Confidentiality

Please be aware of the following limits to confidentiality in our working relationship:

- In circumstances such as court order, suspicion of child abuse, and instances where a client (you) pose an imminent threat of harm to yourself or others, I am legally and ethically obligated to disclose your personal information without your prior consent. My role here would be to contact the appropriate authorities like the police, a hospital, or community services (if applicable).
- Details about your case may be presented either in consultation or as a teaching tool with other therapists with whom I collaborate with (personal identifiers like name, address, etc, would not be in this case.)
- If services are being paid for by a third party, there may be requirements to share information with this party.

Fees

My fee for therapeutic services is \$100 per hour (*plus HST*).

Individual or group therapy services are not covered under Nova Scotia's MSI Program. Some extended health care plans (available through some employers or paid for privately) cover all or part of the costs associated with seeing a therapist. Talk to your insurance provide or employer and ask if coverage is provided for a '**Registered Counselling Therapist**'. I cannot direct bill your insurance providers, but I do accept Cash, Cheque, Visa and E-transfers. Please note: a \$25 service charge will be applied to NSF cheques.

Late Cancellation and 'No Show' Policy

If you are receiving this form, a spot in the T.O.N.E. Project has been reserved for you. As such, you are therefore asked to please provide at least 48 hours notice of a cancellation, which will allow me to offer that spot to another client. You may cancel by phone or email, and you will receive the full amount of any deposit already paid. UNLESS a replacement is found, you will be billed at the full cost of your deposit. If I need to cancel a session, every effort will be made to provide you with *at least* the same amount of time, as well as suggestions for rescheduling.

The signatures contained below indicate that:

- I/we have read the above Policies and Consent for Services Form;
- I/we have had the opportunity to ask about or clarify any matters mentioned, and
- I/we understand and agree to abide by the Policies presented above.

Signature of Client

Printed Name of Client

Date

Signature of Therapist

Printed Name of Therapist

Date

