



PATH

Psychology Assessment and
Treatment Services of Halton

paththerapyhalton.ca 289 206-4258

Data Collection, Client Informed Consent & Fee Policy

I am pleased to be a provider of service for you. 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* (PIPEDA) and the *Personal Health Information Protection Act* (PHIPA).

Data Collection:

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:

- Information required to maintain a working file according to the standards of my profession and the Ontario College of Social Workers and Social Services Workers (OCSWSSW) such as your name, address, phone number, date of birth, other contact information, names of others who are significant to your situation (e.g., family, your doctor) and sometimes their contact information.
- I collect information about our work together, and this would include notes that detail the scope of our sessions, 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.
- Information necessary for billing purposes.
- Information related to scheduling of appointments with you.
- You have the right to request to see any personal information that I have collected about you or your situation.

I make every effort to safeguard your personal information. All your files are encrypted with a password, except for billing information such as, receipts and electronic payments. I am the sole person who has access to this information. Your file is maintained according to regulations set by my profession, the OCSWSSW, and in accordance with other legal requirements.

I collect this information for the following reasons:

- To maintain a clinical file or working file that meets the standards of my profession and the OCSWSSW.
- To provide a service for you in a manner that ensures your safety.
- To maintain high standards of professionalism in the provision of service.
- To assist in the process of billing for my services.
- To meet other legal and regulatory requirements.
- To maintain records pertaining to the operations of a business and to make these records available if requested.

Informed Consent:

There may be times when you may request that I speak with others about you and your situation. On these occasions, I will always discuss the information sharing with you, and we will look at the benefits and consequences of speaking to others about you. I would then ask for your written informed consent for me to share information. You are also able to, at any time, withdraw written consent.

There may be an occasion when I must share information about you or your situation **without your consent (limits of confidentiality)**. These situations are very exceptional but may include the following:

- The risk of harm to self or another person.
- If you are a child, or know of a child, in need of protection (s.72 of the Child, Youth and Family Services Act).
- If you report sexual abuse by a Regulated Health Professional.
- If you report abuse of an elderly person in a long-term care facility or retirement home by staff at that facility.
- Pursuant to a subpoena, court order, or sworn testimony.

Therapy is beneficial, but as with any treatment, there are inherent risks. During therapy, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, sadness. The benefits of counselling can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem-solving. I cannot guarantee these benefits, of course. It is my desire, however, to work with you to attain your personal goals for therapy.

Professional Fee:

My fee is \$180.00 per hour.

These professional fees are for general individual counselling. Professional fees are set in accordance with the recommended fee range for social workers in private practice established by the Ontario Association of Social Worker (OASW). *The clinical service provided by a social worker is HST exempt.*

Payment options: Payment for services is expected at the end of our therapy session. Payment can be made through e-transfer. An official receipt will be provided to you at that time.

Attendance: It is expected that you attend your scheduled appointments. If you cannot attend, I request 24 hours' notice to cancel/reschedule an appointment without a charge. You will be charged for 30 minutes of my fee if your notice is less than 24 hours.

I truly look forward to working with you.

Client Name _____ Phone Number: _____

Client Signature _____

Date: _____

Emergency Contact Information:

Please provide the address / location of where you will be doing the video conferencing:

Nearest Hospital:

Emergency Contact:

Name: _____, Relationship to you: _____

Phone Number: _____

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