

# *Susan Ockrant M.S.W., RSW*

---

116 Thomas Street  
Oakville, Ontario  
L6J 3A8

[susan@ockrantcounselling.com](mailto:susan@ockrantcounselling.com)

phone: 905.827.2121

## **Private Practice Informed Consent Statement**

I am pleased to be a provider of service for you, your partner or your family. I would like your informed consent for the services that will be provided. This means I would like you to understand the details about the services I provide, what it includes, the policies, costs and limits of confidentiality.

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, 2004 (PIPEDA) and the Personal Health Information Protection Act, 2004 (PHIPA).

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. If you have any questions about any of these policies we can discuss them during your appointment time.

*Please sign and date this form.*

### **1. Rates and insurance information**

Sessions are not covered by OHIP. They may be covered in full or part by your benefits plan.

Individual/couple/family counselling: \$125/50 minutes

Payment can be made by cash or cheque, and is due at the end of each session. Receipts are available upon payment. There is a \$35 fee for NSF cheques. Fees are reviewed annually and subject to change.

Please note: Social work services are considered a medical expense and tax credit for income tax purposes. Any fees not covered by your benefits plan can be claimed when you file your income tax return.

### **2. Cancellation Policy**

48 hours notice is required to cancel a scheduled session, so that this time can then be offered to another client. The full session fee is charged if there is less than 48 hours notice given. An invoice will be mailed to the address on file for late cancellations or missed appointments. This includes your initial appointment.

### **3. Communication**

I attempt to return phone calls and emails within 24 hours, unless stated otherwise on my outgoing message. Please note that I cannot offer crisis services, so if you require immediate assistance, please visit your local emergency Department of your local hospital, or Crisis Outreach and Support Team (COAST) at 1 877 825 9011.

### **4. Confidentiality**

There may be times where you would like me to speak to someone about you or your situation. I will only do this if you have given your informed, written consent for me to share your information.

There may be occasions when I must share information about you or your situation without your consent. These situations are very exceptional but may include the following:

- If I have any information about abuse or risk of abuse of a child then I must report this to the proper authority.
- If I have a concern about any risk that you may do harm to yourself or harm to another person then I must take action to ensure your safety or the safety of others.
- If I am required by law to release information such as receiving a subpoena to court.
- If I must report a colleague to the Ontario College of Social Workers and Social Service Workers.
- If I must defend myself against a complaint filed with the Ontario College of Social Workers and Social Service Workers or any other court action.

### **5. Privacy Policy**

- Information required to maintain a working file according to the standards of my profession and the Ontario College of Social Workers and Social Service Workers such as your name, address, phone numbers, date of birth, other contact information, names of others who are significant to your situation (family, your doctor, and other professionals) and sometimes their contact information. I also collect information about our work together and this would include notes detailed enough to reflect the scope of the work and 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 which may include information about your health insurance plans, information collected to comply with the policies of your Employee Assistance Program and their standards, information about other third party payers, copies of all receipts given to you including copies of electronic payments, copies of invoices and billing records.
- Information related to the scheduling of appointments with you.

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 Ontario College of Social Workers and Social Service Workers.
- To provide this service for you in a manner that ensures your safety.
- To maintain a high standard 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.

I make every attempt to safeguard your personal information. I would like you to know the following:

- Your file contains all the personal information about you and your situation with the exception of copies of billing information such as receipts and electronic payments. Files are stored in a locked cabinet in a secure area. Only I have access to this area.
- Your file is maintained according to regulations set by my profession and the Ontario College of Social Workers and Social Service Workers and in accordance with other legal requirements.
- In the event of incapacity or death, a designated social worker would have some access to your information in order to assist you in a transfer to another therapist or to maintain the file according to legal and regulatory standards. This social worker would also be a member of the Ontario College of Social Workers and Social Service Workers and would be obligated to provide all services to the same standard that I would.

You have the right to request to see any personal information that I have collected about you or your situation. You have the right to view your clinical file. I will assist you to understand all of what has been written in your file. If you believe that some information about you is incorrect, you may request that the information be changed. I will then correct this information with any third parties who may have been given the wrong information. If you wish to view your file or if you have any concerns about the privacy of your information, please contact:

Privacy Officer : **Susan Ockrant M.S.W., R.S.W.**  
116 Thomas Street  
Oakville, Ontario  
L6J 3A8  
(905) 827-2121

**Consent to Therapy**

I have agreed to be seen by Susan Ockrant, MSW, RSW. I have read, understand and agree to the policies and practices outlined above, and have been given the opportunity to ask questions

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date