WELCOME to CENTRE OF THE HEART Art Therapy Services

Before your first session, it is important that you have a general idea of some of the guidelines by which my Art Therapy practice operates. I encourage you to discuss any of this information to ensure that your particular needs are met.

FEES and PAYMENT

Fees for services are $160.00 per session which lasts 1.5 hours. Payment is received at each appointment. I accept E-transfers, cheques or cash. Third party payments are reimbursed directly to you; and you will be expected to pay for services at the end of each session. Depending on your insurance provider, coverage may vary. A receipt is provided for each session and it is the client's responsibility to submit it to the insurance for possible reimbursement.

CANCELLATION

There is no **charge for changed or cancelled appointments if 48 hours notice** is given.

Your courtesy in this regard is greatly appreciated. Should cancellation be considered because weather or other current circumstances prevent the client from travelling to the office, I will be pleased to conduct a session by internet or by phone during the scheduled appointment time. I am currently only seeing clients over Zoom due to Covid. **Full fees are charged on missed appointments or cancellations under 48 hrs notice.**

On rare occasions, I may need to cancel a session due to illness or emergency. Likewise, if I cancel in less that 48 hours, you will be offered a complementary session to compensate you for the inconvenience to your schedule. All efforts will be made to reschedule as soon as possible.

THE PROFESSIONAL RELATIONSHIP

The professional counseling relationship is centered on your, the client's needs. I strongly encourage you to let me know if you have any concerns or dissatisfactions with the process. I do welcome your feedback.

I / WE HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION:

Name (please print): _____

Signature: _____

Date: _____

Centre of the Heart - Art Therapy Services

CONFIDENTIALITY

All client information and any other information of a private or sensitive nature is considered confidential. Confidential information shall not be used nor disclosed unless you grant me specific permission to do so, with the following exceptions:

There may be times when it is important that I consult with other professionals such as your family doctor or another health professional, teacher or family member. No such consultation will occur without a specific reason nor without your written authorization. Additionally, as part of ongoing good case management and professional practice, I may consult with other counseling professionals for clinical consultation, advice and information. In such case, your anonymity will be maintained, and identifying data will be altered to ensure that confidentiality is maintained.

I consider the personal information we discuss to be strictly confidential, and there are a limited number of circumstances where I may be legally required to disclose confidential information, and may do so without your permission. The exceptions to confidentiality are as follows:

1. I am required by law to release your records if they are subpoenaed by court.
2. If you are a minor, parental consent is required for me to meet with you. Conditions of confidentiality regarding minors need to be negotiated with a parent/guardian.
3. If I become aware that you have plans to harm yourself or another person, I have the legal obligation to notify appropriate authorities to ensure your or someone else's safety.
4. If information is disclosed that a minor child is being sexually and/or physically abused, I have the legal obligation to contact the appropriate authorities with this information. I would encourage and support you in making the disclosure yourself, but in the event that you were unable or unwilling to do so, I would have to proceed to report both the abuse and the source of information.