

Len Ramsay B.A. M.B.A. S.P. R.P.(q)

Consent for Psychotherapy Services

Welcome to my practice and congratulations on taking this important step forward toward well-being. This document contains important information about my professional services and business policies. Please read it carefully. When you sign this document, it will represent an agreement between us.

Psychotherapy Services

Psychotherapy varies depending on the personalities of the therapist and client, and the particular issues you bring forward. There are many different methods I may use with you. It's not like a visit to a medical doctor, but calls for active involvement on your part. For the therapy to be most successful, you'll have to work during our sessions, and you might have homework.

Psychotherapy can have benefits and risks. Since it often involves bringing up unpleasant aspects of your life, you may experience discomfort in the process: feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the upside, therapy has been shown to benefit those who go through it. Clients often develop better relationships, solutions to specific problems, and reductions in distress. Ideally, you will expand and enrich your life, including relative comfort with all of its feelings, self-awareness and more contact with yourself and others. There are, however, no guarantees of what you will experience.

If you have questions about my procedures, we can discuss these when you like. If you're not getting what you want, I will be happy to refer you to another mental health professional.

If you have history with another medical or mental health professional, I may ask your written permission to consult with them so I can understand better. If we decide that drugs or assessments are in order, I will make referral to a psychiatrist or psychologist to assist.

Payment, Session length and Frequency

Individuals usually come once a week for a 50 minute session, which we call "an hour".

Couples usually come once a week for an 80 minute session which we call "an hour and a half".

Couples Intensive sessions are usually held more than once a week for 140 minutes which we call : 2 1/2 hours"

Session length and frequency can be adjusted to meet your needs.

Sessions are paid for at the end of each session. I do not bill third parties or insurance.

You agree to pay for any scheduled session unless you provide 24 hours notice of cancellation. This payment is waived in the event of illness or emergency.

Cash, Personal Check and Electronic Funds Transfer are all OK but I do not take credit or debt cards.

Locations & Contact information

108 Scollard Ave Toronto
345 Lakeshore Rd E Unit 512 in Oakville
88 Prince Arthur St Top Floor Toronto
SKYPE: lenramsay
eMail: len@mindfullife.ca
Phone & text : 416-917-3546

I will answer an eMail, text message or phone call within 24 hours except on weekends or vacations when I will answer within a few days.

Crisis

In case of a crisis that can't wait, call 911 or the Gerstein centre 416-929-5200, or Distress Centre 416-408-4357, or check online at suicide.org.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to view them, or a summary of them at your request. Sessions may be electronically recorded.

Confidentiality

In general all communication between us is confidential and I will only release information about our work to others with your written permission. However, there are some situations where I am required by law to inform others:

if you threaten grave bodily harm or death to yourself or another, I may inform medical or law enforcement : If you report knowledge of physical or sexual abuse of a minor child by an adult, or of an elderly or disabled person , I am required by law to inform the appropriate agencies. If you report sexual misconduct by a mental health professional, I am bound to report it to the appropriate college.

If you are involved in a legal case, I may be required to produce records or testify. I will do everything I can to keep your records confidential, but sometimes it may be out of my control to do so.

I occasionally consult other professionals about a case. I make every effort to avoid revealing the identity of my client. The consultant is also bound to keep all information confidential.

Your signature below indicates you have read the information in this document, understand, and agree to abide by its terms during our professional relationship

Name

Signature

Date