

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

## **Consent for Psychotherapy Services**

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.

### **Fees Frequency And Cancellation**

Individuals usually come once a week for a 50 minute session, (called "an Hour") paid at the end of the session. Couples usually come once a week for an 80 minute session (called "an Hour and a half") paid at the end of the session. Session length and frequency can be adjusted to meet your needs.

Cancellation: you are expected to pay for any scheduled session unless you provide 48 hours notice of cancellation. This payment is waived in the event of illness or emergency.

Payment is accepted by cash, Personal Check or Electronic Funds Transfer. While some insurance will pay you back if you submit a claim, please do not expect to be reimbursed by your insurance or OHIP. I will not do 3rd party billing. Rates are subject to change without notice.

## **Locations & Contact information**

- 345 Lakeshore Rd E Unit 512 Oakville. (Come in to the waiting room)
- 24-40 Hamilton st s Waterdown ( Knock on the front door )
- Remote where ever you are. We use Zoom, Doxy and other platforms
- **eMail:** len@mindfullife.ca & 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](http://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.

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. Any time I spend on legal responses, communicating your request with others or providing records must be paid at my regular rate

## **Confidentiality**

In general all communication between us is confidential and I will only release information about our work to others with your 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.

**Your signature below** or submission electronically indicates you have read the information in this 3 page document, understand, and agree to its terms during our professional relationship

Name	Signature	Date

Emergency Contact	Signature	Date

Parent / Guardian for minor client	Signature	Date