

Welcome to Heartsease Therapy. We provide counselling services in person, using a secure video conferencing platform, or by phone. It is our goal to provide you quality counselling in a safe, encouraging, and supportive environment.

Confidentiality

Any data collected or information shared with us is strictly confidential. No information can or will be released without your knowledge and consent. Limitations of confidentiality apply if: there is suspected or actual risk of imminent danger to self or an identifiable third party; there is suspected abuse or neglect of children or other vulnerable persons; or a subpoena or court order is issued for the release or sharing of client information. Records will be stored securely and confidentially. Record keeping, storage, and shredding of your personal information complies with existing standards of practice.

Therapeutic Relationship

The relationship with your therapist is a professional and therapeutic relationship. To preserve this relationship, the confidential nature of our services, your private information, the effectiveness of therapy, and to reduce any risk of bias, we will ensure that there is no other type of relationship with our clients. To protect your privacy, we will not acknowledge you in a public setting unless addressed by you first.

Rights

You have the right to: be treated with dignity and respect; withdraw consent to counselling at any point in counselling; withdraw consent for the collection, use, or disclosure of your personal information, except where precluded by law; refuse particular therapeutic modalities; be referred to another counsellor or health professional; and ask questions about our qualifications, approach, experience, or any other topics that are relevant to or will impact your ability or choice to engage in counselling.

Use of Technology

The use of technology for counselling comes with certain limitations and risks. While we use platforms that are compliant with professional standards, we cannot ensure confidentiality of communication through media communications, calls, text messages, and e-mails.

Appointments

Appointments may be booked using our online client management system or by e-mail, phone, or text message. Cost varies depending on therapist, type of service, type of therapeutic modality, and number of clients or participants. Fees will be clearly indicated on advertising material and appointment receipts and are subject to change without notice, although we will make every effort to provide as much notice as possible in writing. Fees will be paid personally by the client or any person assuming financial responsibility for the client in this therapeutic setting. Heartsease Therapy requires that you put a card

Client Initials _____ Client Initials _____ Client Initials _____ Practitioner Initials _____

on file for contactless payments. This helps keep both you and us safe, as well as spend more time with you, rather than sorting this out during your appointment time. If you would rather not use a credit card for payment, please provide payment via e-transfer (to info@heartseasetherapy.com) or in cash (in-person only) prior to your session start time for services to be rendered.

A minimum of 24 hours' notice of appointment change or cancellation is required for a full refund. Changes or cancellations within 24 hours of the appointment start time are subject to a non-refundable, non-transferable partial fee while no-shows or cancellations after the start of an appointment are subject to the non-refundable, non-transferable full service fee. Arriving late to an appointment allots you the remainder of the time booked for the appointment. Changes and cancellations can be completed from the client portal of our online client management system or requested via e-mail or text message. The time tag of the latter options will be used to determine which refund rules apply.

Insurance

We do not accept insurance or direct bill at this time. You will receive a receipt after your session, which you may use to submit to your provider or funder for reimbursement. It is the full responsibility of the client to ensure that the therapist and service requested meet the criteria for their insurance policy and to submit their receipt(s), in addition to any other required documentation, to their provider or funder for reimbursement. Heartsease Therapy, its owner, and its therapists are not responsible for denied claims.

Liability and Release Waiver

As a condition of my participation in counselling sessions, I execute this release, waiver of liability, indemnity, and assumption of risk agreement on my behalf. I am aware that participating in counselling can result in emotional distress and trauma. I certify that I am voluntarily participating, and I assume all risks, consequences, and potential liability for my actions prior, during, and after all sessions. I understand and agree that I am fully responsible for my wellbeing during sessions and after, and subsequently, my choices and decisions. I also understand that all comments and ideas offered during sessions are solely to aid me in achieving my defined goals to improve or enhance my mental health, wellbeing, and relationships. I understand that technology is not always secure and accept responsibility for confidentiality during emails, texts, and online sessions. I release, waive, discharge, and agree not to sue or pursue legal action against Heartsease Therapy, the owner, or anyone involved with the owner, for any claims, demands, losses or damages on account of any injury, emotion or otherwise action, that results before, during, or after sessions. I agree that this waiver is intended to be as broad as is permitted by the law of the province in which the activities take place and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect. If, despite this waiver, I make a claim against Heartsease Therapy or its owner, the client will reimburse Heartsease Therapy and its owner for any money incurred in defending the action, including but not limited to damages to the property and business, personal and professional reputation, and legal fees and costs.

Consent

I have read and fully understand the terms of confidentiality, its limitations, my rights and responsibilities, and the contents of the liability and release waiver, as outlined in the Service Agreement. I sign this consent to services freely and voluntarily without any inducement, assurance, or guarantee being made to me, and I intend my signature to be the complete and unconditional release of

Client Initials _____ Client Initials _____ Client Initials _____ Practitioner Initials _____

all liability to the greatest extent allowed by law. This document shall be valid for all sessions or activities in which I may participate.

Client Name: _____

Client Signature: _____

Date: _____
Month DD, YYYY

Please complete this section if you are the parent/guardian/caregiver of a minor (under 18 years of age) seeking services. If you are not a minor and are completing this intake for yourself, please check this section to proceed.

On behalf of my child/dependant, I have read and fully understand the terms of confidentiality, its limitations, my child/dependant's rights and responsibilities, and the contents of the liability and release waiver, as outlined in the Service Agreement. I, as the parent/guardian/caregiver of my child/dependant, the client, sign this consent to services freely and voluntarily without any inducement, assurance, or guarantee being made to me, and I intend my signature to be the complete and unconditional release of all liability to the greatest extent allowed by law. This document shall be valid for all sessions or activities in which my I and/or my child/dependant may participate.

Parent/Guardian/Caregiver 1 Name: _____

Parent/Guardian/Caregiver 1 Signature: _____

Date: _____
Month DD, YYYY

Parent/Guardian/Caregiver 2 Name: _____

Parent/Guardian/Caregiver 2 Signature: _____

Date: _____
Month DD, YYYY

Client Initials _____ Client Initials _____ Client Initials _____ Practitioner Initials _____