

## SERVICE CONTRACT and INFORMED CONSENT TO COUPLES THERAPY

**FEES and PAYMENTS:** Payments can be made by cash, cheque or online payment. Agreed fee: \_\_\_\_\_  
The first assessment session is generally 1 hour and fifteen minutes. After the assessment session, sessions are generally 55 minutes in length.

**ATTENDANCE** Therapy requires regular attendance. Data indicates that coming weekly at the beginning of therapy is important to making effective change. TWENTY-FOUR (24) hours' notice is required to CANCEL OR RESECHEDULE an appointment. You will be billed for the full fee of the missed session. Missing sessions prevents other clients from being seen and impedes your progress. If you miss sessions the therapist will discuss with you whether you can benefit from therapy at this point and may choose to terminate the therapy. Please contact the therapist if you are running late. If you arrive more than fifteen minutes late, it will be considered a missed session, whether you contact the therapist or not, since it is not possible to make effective use of so short a period of time.

Generally, couples' therapy takes place with both members of the couple present. The therapist may ask to meet with members of the couple separately. If a session is booked for a couple, both members are expected to attend. If one member of the couple comes to a session planned for the couple, that will be considered a missed session; the session will not take place and you will be billed.

Generally, contact between sessions should be limited to planning for a next session. If there are matters that go beyond planning for the next session they are more appropriately dealt with in session.

### PROFESSIONAL RESPONSIBILITIES

Jeremy Wexler is a social worker and a couple and family therapist in good standing with the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec (OTSTCFQ). He is also a psychotherapist duly licensed by the Ordre des Psychologues du Québec.

The therapist makes an evaluation/assessment and an intervention plan and shares these with you. So that you can give informed and free consent to therapy, the therapist undertakes to inform you of the nature and the scope of the problems as he understands them, and the goals and methods he plans to use to address them.

**FILE:** The therapist is required by law to maintain a record of therapy (a file). The file includes personal contact information, progress notes, treatment plans and evaluations. It must be kept by the therapist for 5 years after the end of therapy and may be destroyed after that.

Both members of the couple consent to have the file of interventions relating to the couple kept jointly. Your signature below indicates that you consent to have your file kept jointly with your partner. You have the right to access your file. To do so, speak to the therapist or if the therapist is unable to respond contact the Order of Social Workers and Couple and Family therapists of Quebec (OTSTCFQ).

**CONFIDENTIALITY:** No information about you can be released to a third party without your prior written consent, or verbal consent in the case of an emergency. In the case that the therapist and the couple agree to meet for **therapy online**, the therapist cannot guarantee the confidentiality of *any* online platform. It is preferable to meet using an encrypted platform with a password whenever possible.

Exceptions to the rule of confidentiality include: (1) when children are under 14 years of age, and their parents/legal guardians want access to the file, (2) risk of imminent danger, such as suicide, death, or serious bodily harm to an identifiable person or group (3) suspected or known abuse or neglect of a child or older adult, (4) requests ordered by a court of law. (5) when the therapist seeks consultation or supervision from an experienced professional colleague. This colleague maintains information confidential.

### RIGHT TO REFUSE INTERVENTIONS AND END TREATMENT

You may refuse any therapeutic interventions offered to you. You may stop therapy at any time. If you decide to stop therapy, please notify your therapist so that your file can be closed and/or you can be referred to another resource.

☐ ☐ We have read and understood the above information regarding confidentiality, the file and our right to end therapy.

☐ ☐ Any questions that we asked have been satisfactorily answered. We freely consent to receive psychotherapeutic services.

Name of clients: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name of clients: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_