

**Angela Colangelo MA, RP, RMFT**

College of Registered Psychotherapists of Ontario, Registered Psychotherapist #001601  
Canadian Association for Marriage and Family Therapy, Registered MFT #2017039

### **COUPLE/FAMILY - CONSENT FOR SERVICES**

- Emergencies:** In an emergency, call: your doctor, 911, 310-COPE or go to the nearest emergency dept.
- Session Fee:** \$230.00 (includes 13% HST)
- Session Length:** 55 mins
- Missed/late cancelled appts:** **The hourly fee applies if appts are missed or cancelled with less than 48 hours notice.**

#### **Professional Qualifications & Responsibilities:**

- \* We understand that Angela Colangelo is a Registered Psychotherapist and a Registered Marriage and Family Therapist in good standing with the College of Registered Psychotherapists of Ontario and the Canadian Association for Marriage and Family Therapy and is qualified to provide psychotherapy/counselling services.
- \* If the therapist determines that the issue is outside of her scope of practice, an appropriate referral will be made.
- \* We understand that there is a complaints process offered by the College of Registered Psychotherapists of Ontario.

#### **Payment for Services:**

- \* **Video & phone sessions: e-transfers are payable before the session to [appts@angelacolangelocounselling.com](mailto:appts@angelacolangelocounselling.com).**
- \* **In-person sessions: e-transfers, cash or cheques are payable at the end of the session.**
- \* Receipts are provided within 24 hours of receipt of payment.
- \* \$25.00 NSF charge applies to returned cheques.
- \* Letters or other documentation requested will be charged at the hourly rate.

#### **Insurance Coverage:**

- \* Psychotherapy is a regulated profession in Ontario, as are Psychologists, Social Workers, etc. As benefits packages vary, it is advisable to contact your benefits provider to confirm coverage for the therapist's titles (above).

#### **Commitment:**

- \* Therapy works when it is made a priority including attending sessions, respecting the therapist's time and cancellation policy, by completing homework assigned and by working with the therapist to a reasonable conclusion.
- \* Being in therapy often involves talking about difficult events which may be uncomfortable and/or emotional. The therapist will help you work through these difficult moments.

#### **Confidentiality/Privacy and Exceptions:**

- \* The therapist places a high value on the confidentiality of information provided.
- \* In compliance with the Personal Health Information Protection Act, 2004 (PHIPA), no information will be shared with a third party without the written permission of **all** participants involved in the therapy.
- \* **Exceptions to confidentiality (where a legal or ethical obligation exists) include:**
  - Informing a potential victim of client's intention to harm/violence
  - Informing a family member, health care professional or police if necessary of a client's intention to end their life

**(see reverse)**

- Releasing client information in response to a subpoena
- Reporting elder abuse in long term care facilities
- Informing Children's Aid Society of a concern about a child being at risk or in need of protection due to neglect or physical, sexual, or emotional abuse
- Reporting a health professional who has sexually abused a client
- Reporting child pornography
- Seeking supervision about a case with limited sharing of identifying information
- Providing limited information to the College of Registered Psychotherapists of Ontario in the event of a complaint

\* Admin staff have access to limited personal information and are bound by a Confidentiality Agreement.

\* Files are kept in a secure location for a minimum of 10 years after last date of contact or 10 years after the youngest child's 18th birthday.

**Email Communication:**

\* This office uses a paid-for email service called Hushmail which offers greater security and privacy. When sending confidential or sensitive information, the email will be encrypted and a passphrase/word will be required to access the message. All other emails (appointments, etc.) will not require a passphrase/word.

**Litigation:**

\* **The therapist does not testify in court or make recommendations and/or provide opinions to the court concerning custody or parenting issues as this is not her role and it presents a conflict of interest. This role is reserved for court-appointed experts.**

**Letter to Doctor:**

Please send a letter to our doctor(s) advising them we are in counselling and the presenting issue (future requests for letters will be at a fee).

**We, (print names) \_\_\_\_\_ understand and agree to the information in this document and consent to assessment and psychotherapy treatment by Angela Colangelo at the rate of \$230.00 per hour.**

Client Signature (14+ years):


Date:

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 \_\_\_\_\_  
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Psychotherapist Signature:

Date:

  
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The objective(s) for therapy:

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