



Mindset Toronto

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Yasmeen Farrage, MA, RP

Mindset Toronto

Registered Psychotherapist – Reg #: 4591

Clinical Therapist | Mental Health Clinician | Psychometrist

Private Practice Supervised by Dr. Jennifer D. Walsh, Psy.D., C. Psych., Reg. # 5341

CONSENT TO SERVICE FORM

This form is to document that I/we _____ give permission to Yasmeen Farrage, who is a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO), to provide counselling, consultation, assessment, and/or treatment to me/us.

I understand that Yasmeen Farrage is responsible directly for all aspects of the counselling and psychotherapy services provided to me/us.

Appointments and Scheduling

Appointments are available by request and can be scheduled directly with Yasmeen. On average, therapy sessions last 50 minutes. The number of sessions will vary according to the client's needs.

Insurance Coverage and Payment

Psychological services are not covered by O.H.I.P. but are often fully or partially covered by extended health insurance plans through your employer. Plans differ in their coverage, so check your plan for coverage and claims procedures (e.g., whether or not a letter or referral from your physician is required, details required on receipts, etc.). Referrals need only state, "I refer _____ for psychological consultation or assessment." For plans that do not cover my title, but specify Psychologist only, check if the plan covers the "supervision model."

Payment for services is due at the beginning or ending of each session and a receipt will be provided. Please retain this receipt for your insurance or income tax claims, if applicable. Fees vary according to the time and nature of the service provided. Your fee will be discussed with you before or during the initial intake interview, and you will be advised of any changes made to this fee. Fees may be paid by cash or e-transfer at this time.

Cancelled and Missed Appointments

24 hour notice is required to cancel an appointment, or the full session fee may be charged, although there can be extenuating circumstances and emergencies that arise which can be honoured on a case-by-case basis.

Confidentiality

Confidentiality is respected at all times. No information will be communicated, directly or indirectly, to a third party without your informed and written consent. There are, however, exceptions to confidentiality including the legal and/or ethical obligations to:

- Inform a potential victim of violence of a client's intention to harm
- Inform an appropriate family member, health care professional, or the police if necessary, of a client's intention to end his or her life
- Release a client's file if there is a court order to do so
- Inform the Children's Aid Society (CAS) if there is suspicion of a child being at risk or in need of protection due to neglect, or physical, sexual, or emotional abuse
- Report a health professional who has sexually abused a client
- Share information with the College or Registered Psychotherapists of Ontario for supervision or auditing purposes

Privacy of Personal Information

I understand that in order for Yasmeen Farrage to provide me with counselling/psychotherapy services, some of my personal information will be collected (e.g., name, address, phone number, health history and social situation) in order to best assess my needs. This information will be used to advise me of my treatment options and to help me receive the treatment I choose. I understand that in the course of business, office staff may need to access some of my personal information and that this access is limited. I understand that I have the right to review and the right to a copy of my personal information, barring few rare exceptions.

In Case of an Emergency

In the case of an emergency, clients should call 911, contact their Family Physician, or go to the Emergency Department of any hospital.

Informed Consent

I have read and understood the information in this document, and hereby consent to counselling, psychological treatment and/or assessment.

I understand how the privacy policy applies to me and have been given an opportunity to ask questions and have them answered to my satisfaction.

Agreed upon fee: _____

Signature of Client: _____ Date: _____

Signature of Client: _____ Date: _____

This consent form shall be signed by all clients competent to consent to services.