



Elizabeth Stoakley, M.A., R.P.  
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## Consent for Services

This form is to document that I/we \_\_\_\_\_ give permission and consent to Elizabeth Stoakley, M.A., who is a Registered Psychotherapist, to provide psychotherapy services to me/us.

### Professional Qualifications

I understand that Elizabeth Stoakley, RP, is responsible for all aspects of the psychotherapeutic services provided to me. I further understand that the provider is not a doctor or a psychologist; Elizabeth Stoakley is registered with the College of Registered Psychotherapists of Ontario.

### Documentation of Diagnosis, Prognosis, Health or Disability Status

I understand that should I require documentation (i.e., letter, report, or form completed) for my records or for any third party, that may be completed by a Registered Psychotherapist the request would be reviewed and any additional fees discussed before completion of requested documentation.

Should a diagnosis of my condition be required, I understand I would need to consult with a Registered Psychologist, Psychological Associate, Psychiatrist or Medical Doctor.

### Office Hours

Office hours are by appointment, Monday through Friday. The number of sessions will vary according to need.

### Insurance Coverage

Psychotherapy services are not covered by O.H.I.P., but are often partially or fully covered by extended health benefit / insurance plans (e.g., Blue Cross, OTIP). **I understand that it is my responsibility to verify with my insurer if my policy covers services provided by a Registered Psychotherapist**, as well as to confirm coverage details and claim procedures (e.g., whether or not a letter or referral from your physician is required, details required on receipts, etc.).

Insurance companies regularly audit client invoices to confirm if the service took place. By signing below, you agree that Elizabeth Stoakley, R.P., can provide your insurance company with non-health related information (i.e., appointment dates and times, length of sessions, etc.) relevant to your claim with the insurance company.

### Payment for services

Your fee will be discussed with you during your intake interview and you will be advised beforehand if any changes are made to the fee. Payment for services is due at the end of each session and an official receipt will be given when payment is received. Please retain your receipt for your insurance or income tax claims, if applicable. All fees charged follow the guidelines set by the College of Registered Psychotherapists of Ontario (CRPO). All services are non-refundable.

## 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. Exceptions to confidentiality include 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 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 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 of Registered Psychotherapists of Ontario for supervision or auditing purposes.**

Given your informed consent, feedback can be provided to your family physician or other treating practitioners.

Would you like feedback provided? \_\_\_\_\_ Name of Health Professional: \_\_\_\_\_

## Privacy of Personal Information and Accessibility Service Policy

I understand that Elizabeth Stoakley, RP, will collect some personal information about me. I understand that 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 a few rare exceptions. I understand that my clinical file may be kept electronically, on a secure site, and/or in hard copy and that this file must be retained in a secure location for a minimum of 10 years, after the last date of contact, or 10 years after the youngest child's eighteenth birthday. After 10 years it will be destroyed as per Personal Health Information Protection Act (PHIPA) guidelines.

I understand that Elizabeth Stoakley, RP has established Policies and Procedures for Accessibility Services in accordance with the Accessibility for Ontarians with Disabilities Act (AODA).

I understand how the Privacy and Accessibility Policies apply to me and agree to Elizabeth Stoakley, RP collecting, using, and disclosing personal information as set out in the Privacy Policy.

Should I have any questions or concerns regarding either of the above policies, I may contact Elizabeth Stoakley at [elizabeth.stoakley@gmail.com](mailto:elizabeth.stoakley@gmail.com).

## In Case of an Emergency

I understand that emergency services are not available. \*In the case of an emergency, please call 911, contact your Family Practitioner, or go to the nearest Emergency Department of any hospital. You may also contact the COAST Niagara Crisis Line: **1-866-550-5205** or the Distress Centre of Niagara Crisis Line: **905-688-3711**.

## Informed Consent

I have read and understood the information presented in this document, and hereby consent to psychotherapy and counselling services.

**Fee for Services:** \$150/hour

**Signature of Client:** \_\_\_\_\_

**Date:** \_\_\_\_\_