Deborah Epstein M.Ed, RP
Psychotherapist

Intake Form

Name of client: _____

Date of birth (d/m/yr) _____

Today's date: _____

Phone number _____

Email Address _____

Address _____
_____

Postal Code _____

How would you like to be contacted? (home phone, cell phone, email)
_____

Can I leave you a message at preferred method? Yes No

Occupation _____

Marital status _____

Name of family doctor _____

Emergency contact information

Name _____

Phone number _____

Relation to client _____

Deborah Epstein M.Ed, RP
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Consent for Services

Name of client: _____

Today's date: _____

Previous Experience with Mental Health Services :
Yes ( ) briefly explain _____
No ( )

Referral source:

_____

Treatment:
I understand that treatment will be mutually agreed upon between myself and the therapist and will be discussed on an ongoing basis;

I understand that outcomes achieved through clinical interventions vary for different individuals and families;

I understand that participation is voluntary and I may choose to discontinue my participation at any time;

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Initials

Risks and Benefits:
Benefits

1. Issues may be resolved
2. Connection and communication skills acquired may enhance the individual's ability to learn more constructive ways to handle conflict and express their feelings
3. The individual's or family's perception of issues may change
4. Individuals may make gains in their social, emotional, behavioural or career functioning
5. Individuals who are parents may learn strategies to improve their parenting and become more united in supporting their children

Risks

1. Changes may be difficult to accept; therapy can be emotionally painful
2. Relationship dynamics may be challenged; family members may feel uncomfortable with the new circumstances
3. You or your family members may be confronted with difficult issues
4. Problem or emotion could escalate before a new balance is achieved
5. Marital problems or difficult family dynamics may be identified
6. Expectations for treatment may not be the actual outcomes

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Initials

Confidentiality
Information obtained during treatment will not be shared with third parties (e.g. school, doctor, lawyer etc) without your written consent.

All psychotherapy sessions are documented in case notes. Information obtained during therapy sessions will be kept in a confidential file in Deborah Epstein's office. The file will be locked in a cabinet. Records will be kept for 10 years after termination of therapy and will be destroyed thereafter.

All information obtained during sessions is confidential unless:
a) the therapist suspects child abuse or neglect
b) the therapist is concerned that a client will harm either him/herself or others
c) there has been disclosure of sexual abuse by a regulated health professional, such as a doctor, psychologist, dentist or nurse

Psychotherapists are required by law to provide confidential information to a court if it is subpoenaed or there is a court order.

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Initials

Fees
Clinical time is billed at $200 + HST per clinical hour.
Phone calls will be pro-rated to the hourly rate
Payment options include:
Cheque
Cash
Email money transfer

_____
Initials

Payment is due at the end of each session. Receipts will be provided after payment has been submitted.

Cancellation and missed appointment policy:
- Full charges will apply for any session missed without 48 hours notice. (Monday appointments must be canceled by Thursday).
- Fees for missed sessions will be waived under circumstances such as:
- significant medical illness with a doctor's note
- family emergency

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Initials

Email
In order to ensure that confidentiality is not at risk, email will be used for billing and coordinating contact only. Presenting issues will not be addressed via email. Secure messaging portal is available for private messaging.

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Initials

Online sessions:
- I understand that there are risks and consequences of participating in online therapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- There is a risk that services could be disrupted or distorted by unforeseen technical problems.
- In addition, I understand that online therapy-based services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I

would be better served by another form of therapeutic services (e.g. face-to-face services) she will tell me and I can switch to this form of therapy if possible.

- I accept that online therapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the Distress Centre at 416-408-4357 for free 24 hour support. Clients who are actively at risk of harm to self or others are not suitable for online therapy services. If this is the case or becomes the case in the future, my therapist will recommend more appropriate services.
- I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in online therapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my online therapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my online therapy session. It is the responsibility of the psychological treatment provider to do the same on their end.
- I understand that if I am more than 15 minutes late for my online session, my therapist will log off and I will be charged for a missed session (full hourly rate)

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Initials

Peer supervision:
I understand that from time to time, Deborah will consult with fellow psychotherapists/ social workers to discuss treatment plan, direction of therapy or problematic areas in therapy. In these situations, all identifying client information will be withheld. I can, at anytime, ask Deborah not to consult with peers about my case.

_____
Initials

Signature of client for consent to services

_____