

Cortney Pasternak, M.Ed, MA, RP, OAMHP, Psychotherapy Services
ontariotherapist.ca cortney@ontariotherapist.com
TELEPHONE AND ONLINE COUNSELLING CONSENT FORM, Page 1/2

Counselling services are provided by Cortney Pasternak, M.E.d., Registered Psychotherapist (CRPO), Counsellor. In order to ensure that you have the best counselling experience possible and that you understand your rights and responsibilities as a client, please read over the following information carefully before your first telephone or online counselling session.

By filling out and returning this telephone counselling consent form, you indicate that you understand and agree to the terms and conditions stated below:

- You agree that you are at least 18 years old unless parental permission is granted or unless otherwise agreed upon.
- You agree to supply your true full name, address, phone number, and e-mail address, as well as the phone number of one emergency contact on this consent form.
- Due to the nature of telephone/ online counselling, I am not equipped to respond to crisis or emergency situations. For emergencies, call 9-11 or go to your local emergency department. I also provide a list of resources on my website at www.ontariotherapist.com/forms.
- Sessions are 50 minutes in length and the cost for each session will be outlined prior to sessions commencing. Payment is accepted by visa or e-mail money transfer. Payment is required **prior** to the beginning of each session.
- 48 hours notice is required to cancel or re-schedule your appointment. If less than 48 hours notice is given, there will be a fee charged up to the full cost of the session.
- If, during our telephone counselling sessions, I discover that this form of counselling is not suitable, I will discuss this with you and suggest that you seek out the services of a therapist in an office in your local area.
- Occasionally, technical issues will arise. You agree to provide me with an alternate method of communication should our line be disrupted.
- We agree that you will not engage with me on social media. We agree in advance on a strategy should we by chance encounter each other either in-person or in an online community.
- We agree in advance on a strategy for space, place and who will or may be in attendance during our sessions. You agree to notify me about any changes that might occur in those contexts as they arise, even if a session has begun.
- You agree that you will not participate in an online session illegally while driving, operating any other motorized vehicle, cycling, or while engaged in any other activity requiring your full attention, and which may, as a result cause harm to yourself or others.
- You agree that the services I provide are governed by the laws of Ontario. Therefore, any suit brought against my services must be brought forth in Ontario.
- **Confidentiality:** I will do my utmost to ensure the confidentiality of our sessions and your information, except under the following circumstances: if I am subpoenaed to provide information regarding your sessions with me in a court of law, or if my regulating body decides to inspect our records as part of their regulatory activities in the public interest. I am also required by law to involve the appropriate authorities in cases of suspected child abuse, elder abuse, or cases where bodily harm to yourself or another person is threatened.

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- While I will do my part to ensure privacy online, and by text, and phone, the client understands that it is not possible to guarantee complete protection in these forms of communication. Client understands I cannot guarantee phone or online conversations will not be intercepted, stolen and used without our knowledge or without our consent and shared with authorities.

Full name: _____ Date of birth: _____

Address: _____ Phone number: _____

Alternate phone number (if applicable): _____ E-mail address that is used regularly: _____

Emergency contact (name and phone number): _____

Are you currently under the care of a physician for depression, anxiety, or any psychological or psychiatric problem?
Yes No If YES, Please explain: _____

By filling out this form electronically and returning it to me, you indicate you have read, understood, and agree with the above conditions. _____

Signature

Name

Date

Revised: 06/18/2020