## Katherine Tomkinson, M.Sc., RP, RMFT

Individual, Couple and Family Therapy
Registered Psychotherapist - Registration # 3497
Registered Marriage and Family Therapist - Registration # 68420
30 A Hayward Crescent
Guelph, ON
N1G 5A4
Phone (519) 760-0100
katherine@tomkinsontherapy.com

## **TERMS OF SERVICE**

Services offered: Katherine Tomkinson offers individual, couple and family therapy services.

**Service Exclusions:** Katherine Tomkinson does not provide specialty services associated with assessments required for court proceedings in cases such as: child custody and access; parental competence; child abuse; pre-trial disposition reports; probation assessments, etc. She also cannot adequately provide services to people when they are experiencing active and/or acute episodes of a psychiatric illness, or to clients in acute crisis situations. In such circumstances Katherine may be able to make a referral to another appropriate resource in the community.

**Process of Therapy:** Because therapy involves change, it is important to know that there may be times when you experience some increase in distress and/or uncertainty. One of the goals of therapy is to support and help you through this process.

Crisis: Katherine Tomkinson is unable to provide services to clients in acute crisis. Should you be in crisis between sessions, you can call the **Mental health crisis/distress line at (519) 821-0140.** 

**Length and Frequency of Sessions:** Sessions are typically fifty minutes long with an additional ten minutes used to complete therapy session notes, however longer sessions may be arranged at an adjusted fee. The frequency of sessions will be based on your needs. Sessions may be weekly, bi-weekly or even monthly.

**Expected length of therapy:** Therapy will continue only so long as is beneficial to you. The duration of the therapy will be mutually agreed upon, and we will evaluate on an ongoing basis and determine its helpfulness. You have the right to end therapy at any time and for any reason. Should I need to end therapy, I will refer you to another service.

Confidentiality: Everything that is said in the context of the conversations between therapist and client is kept private and confidential except under the following circumstances:

- (1) when a client indicates they are at risk to hurt him/herself or others, such as when there is a danger of suicide or assault. In these situations, a therapist may need to take additional steps to ensure safety.
- (2) when a therapist has reason to believe that a child under age 16 is in need of protection from physical abuse, sexual abuse, serious emotional abuse or neglect. This includes situations when physical abuse or high levels of conflict are occurring between adult family members and there is a child (or children) in the home. It also includes situations when a client reports that a child is not being adequately supervised and is at risk of harm. It also includes situations when a client discloses that s/he was abused in

childhood and there is a possibility that the person who was abusive may be a danger to other children now. In these situations, the law requires that I make a report to Family and Children's Services.

- (3) when a therapist is mandated by law to disclose information. This may include situations where a therapist's records are subpoenaed or the therapist is ordered to testify in court.
- (4) when a client reports a reasonable suspicion that a resident of a long term care facility regulated by the Long Term Care Facilities Act of Ontario (such as a seniors residence or nursing home) is being physically abused by anyone, and /or has suffered or may suffer harm as a result of unlawful conduct, neglect, or improper or incompetent care by staff in the home. In these situations it may be necessary to report it to the provincial Director of Nursing Homes.
- (5) In a situation of the unexpected death or illness of the therapist, you may be contacted by a representative who is acting on behalf of the therapist. This representative will be obliged to ensure confidentiality as the therapist does and will provide you with an appropriate referral.
- (6) when a client gives written permission to have information from the therapy meetings shared with another person(s). In this case an authorization form that allows this release of information must be signed by the client.

**Electronic communication (e-mail, texting):** Generally, I use electronic communication for scheduling appointments only. Due to the nature of digital technology, *even on secure sites*, security and privacy of e-communications cannot be guaranteed as information may be intercepted, lost, corrupted, or infected, or someone may access your computer. By contacting me via e-mail, you are indicating that you understand the risks involved in e-communication, are willing to take responsibility for those risks and release me from liability. If information you are providing is sensitive, for your own privacy, you may want to contact me by phone instead.

**Social Media:** Guidelines regarding privacy and confidentiality do not allow therapists to accept requests for personal or professional connections on social media sites such as Facebook or LinkedIn. Although Katherine may use social media sites as a form of advertisement, clients are in no way obliged to participate in these forums.

**Record Keeping:** Therapists in Ontario are required by law to keep a record of each contact and therapy session with a client. Records are kept for a minimum of 10 years after a client turns 18 years of age. All information is maintained in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) of the Federal Government of Canada and the Personal Health Information and Protection Act (PHIPA) of the Province of Ontario. This means that all personal information obtained, used, and disclosed is done so with your consent. Your personal information is protected by specific safeguards including locked cabinets and computer passwords. If you choose to, you will receive a copy of the therapy session note at the end of each session. You can choose to keep your copy confidential or share it with whomsoever you choose. If you prefer not to receive the notes, please let me know. If you require it, you may request a copy of your records at a later date for a reasonable fee.

**Requests for letters:** Please provide a minimum of one week's notice for any letters required, and please be aware that letters are not intended to serve a client in court. A fee may be charged for the preparation of a letter.

**Fees:** The fee for therapy sessions is \$120.00 per hour. Fees are collected at the end of each session and may be paid by cash, personal cheque or e-transfer only. Please make cheques

payable to Katherine Tomkinson. If using e-transfer, the transfer must be completed before the session starts.

**Cancellation Policy:** Forty-eight (48) hours' notice is required for cancellation of a session. Sessions cancelled without 48 hours' notice will be charged at the rate of a full session.

**Professional Ethics:** I hold myself accountable to the professional practice standards and Code of Ethics of College of the College of Registered Psychotherapists of Ontario <a href="www.crpo.ca">www.crpo.ca</a>, as well as the Code of Ethics of the American Association for Marriage and Family Therapy (AAMFT, 2012). A copy of this code of ethics is available at <a href="www.aamft.org">www.aamft.org</a>, or you may request a copy from me.

Client Feedback, Concerns and Complaints: I am open to your feedback at any time. If you have a complaint or concern about the way I have handled something, please feel free to let me know. If you believe I have acted in an unethical manner, you may report your concern to the College of Registered Psychotherapists of Ontario <a href="www.crpo.ca">www.crpo.ca</a> and/or to the American Association for Marriage and Family Therapy at <a href="www.aamft.org">www.aamft.org</a>.

Client Name(s):		
Date(s) of birth:		
Address:		
Telephone (home)		
Work:		
Cell:	<u></u>	
Katherine may leave a message on my voicemail (home/work/cell)	Yes No	
Katherine may send mail to my home address	Yes No	
Client's signature I have read and understand these terms of service	Date	
Client's signature I have read and understand these terms of service	Date	
Katherine Tomkinson I have explained these terms of service	Date	