



**Joy Health and Research Centre**  
343 Preston Street, Suite 1136  
Ottawa, Ontario, K1S 1N4  
Tel: 613-890-7792  
Fax: 613-435-7793

**SERVICE AGREEMENT AND CONSENT**

Name of Client(s): \_\_\_\_\_

Contact Number (s): \_\_\_\_\_

Emergency Contact Name and Telephone Number: \_\_\_\_\_

Name of Therapist or Clinical Intern: \_\_\_\_\_

**WHO WE ARE**

Joy Health and Research Centre is aimed at promoting emotional resilience and positive mental health in individuals, families, and communities. This is achieved through individual, family, couples, group therapy and resilience programs that focus on effective psychological strategies and treatment that help to overcome life's challenges. Our mental health clinicians are trained to provide child and youth counselling, trauma therapy, marriage and family therapy. We use evidence-based interventions and therapeutic approaches that have proven effective through research to treat mental health concerns. For example, we may use Cognitive Behavioural Therapy (CBT) for the treatment of anxiety and depression; we may use Observed and Experiential Integration Therapy (OEI) for the treatment of Post-Traumatic Stress Disorder. Our goal is to empower people to be resilient for life – to be the best they were meant to be. Joy Health & Research Centre is also actively involved in academic research activities that seek to prevent mental illness.

Please read our Service Agreement, and indicate your consent to the terms below:

**JOY HEALTH AND RESEARCH CENTRE SERVICE AGREEMENT**

Joy Health and Research Centre is committed to providing quality services. These terms of service have been drafted to ensure that the welfare of all our clients is protected, and to ensure that we are able to provide you and your family with professional services of the highest standard.

Please read the following terms of service carefully, and discuss any questions you may have with your therapist.

**Confidentiality**

1. All information provided is confidential. Joy Health & Research Centre, employees, volunteers, clinical interns and any other associates (we) will not disclose any information about you or your family to any other agency or person without your written permission except for the following reasons:

- 1.1 Disclosure of illegal activity or plans to commit said activities.
- 1.2 Court orders by a judge of competent jurisdiction.
- 1.3 If we determine that there is a threat to harm yourself or someone else, then we will disclose confidential information to the appropriate authorities. If the harm is towards you (the client) and we are aware of the source we will inform you immediately.
- 1.4 A suspicion of child abuse or a child in need of protection.

1.5 A disclosure of abuse by a health professional.

1.6 Times where a “no secret” scenario exists; as mentioned below but not limited to section 2 -6 of this agreement.

2. For all couples involved in counselling together, we maintain a “no-secret” policy. Individuals may seek their own counselling apart from the couples counselling at any time with the same therapist. As such, the therapist involved, will use his or her clinical judgement to decide what needs to be kept confidential from the other partner.

3. For clients involved in family counselling, we maintain a “no-secret” policy. Individuals may seek their own counselling apart from family counselling at any time with the same therapist. As such, the therapist involved, will use his or her clinical judgement to decide what needs to be kept confidential from the other family members.

4. Your permission will be sought if (a) we are asked to provide information about your family to any external agency or person involved with your care, or (b) if we would like to obtain information about your child or family from an external agency or person. You will be notified prior to any correspondence sent from our service regarding your child or family.

5. Privacy and confidentiality for our clients is a priority. We insist that this confidentiality be extended to all our clients. If you are aware of a client who uses our service, you agree to protect their privacy at all times. Protection of your privacy is also ensured this way.

6. If you have been assigned to a clinical intern for counselling or clinical therapy, be advised that because we are a training facility as well, contents of your file will be discussed in clinical supervision with other clinical interns and clinical supervisor to provide you with effective treatment and counselling. Also a video or tape recording of your session may be required to provide feedback to the clinical intern. If you do not wish to see a clinical intern, please advise prior to your first consultation.

### **Assessments**

7. All clients will participate in an assessment before the commencement of therapy and another following the completion of treatment. In some cases, the person undertaking the assessments may be different from the therapist involved in treatment.

8. Assessment information gathered before and after the completion of treatment may be utilised for evaluation purposes and future research. All identifying information and names will be removed from the assessments before their use for research. You have the right to withdraw your participation in this research at any time without penalty.

### **Fees**

9. This agreement is made in consideration of the following fees. All fees are to be paid before counselling or consultation sessions. The fee for individual clinical counselling or consultation is \$120 plus applicable taxes for a 50minute session. If you and your therapist have agreed upon a different rate, please note and initial the agreed rate at the bottom of your signature. Fees for group therapy are based on the program being offered. Assessment reports and letters required by the legal system will generate a different rate which the therapist will communicate to you. We accept payment by cash, cheque, and major credit cards. Please feel free to discuss any financial difficulties with your therapist to see if you qualify for a discounted rate.

10. All consultations will be scheduled in advance. Telephone or electronic consultations will also be scheduled in advance as required. In both instances, a consultation fee will be charged.

11. A cancellation fee of \$70 plus applicable taxes is applicable when an appointment is cancelled without the client providing at least 48 hours notice prior to the scheduled appointment. Further therapy sessions will be cancelled without further notice until the required fees have been paid.

12. It may be necessary for our service to communicate with other people or agencies involved in your care (e.g. schools or other health professionals). This form of communication may also include face to face meetings, e-mails, telephone calls and/or letters which will generate further fees. Travel costs and any incurred fees or costs related to this service will apply.

#### **Adverse Effects**

13. Counselling and clinical therapy may potentially cause some clients to experience some distress before their desired change occurs in their lives. Please advise your therapist if you experience distress or unmanageable emotional intensity during or after counselling/therapy to help you cope with the discomfort.

14. Joy Health and Research Centre is not a crisis or emergency service and we do not have the resources to respond to such situations. In the event that you or your family is in crisis, we recommend telephoning the crisis line at **1-866-996-0991 (for adults)**, **youth crisis line at 1-877-377-7775**, **emergency services at 911**, or **go to your local hospital emergency department**.

15. We make efforts to respond to a telephone call within 48 hours. In certain circumstances your therapist may be unable to return your call within this time period. Please dial 911 if you have an emergency.

#### **Standard of Care**

16. The Canadian Counselling and Psychotherapy Association (CCPA) as well as the Canadian Psychological Association (CPA) Code of Ethics was developed to promote sound professional practice and to safeguard the welfare of clients and their families. All clinicians or therapists at Joy Health & Research Inc., are bound by the Code of Ethics. If you would like to see a copy, you may ask for one from your therapist.

17. If you have any concerns or complaints about the service you receive, you may discuss them with your therapist. Alternatively, you may speak with Kafui Sawyer, the executive director of Joy Health and Research Centre at 613-890-7792 or by mail. If no resolution is made and you still feel a need to make a complaint, you can contact the *Canadian Counseling and Psychological Association* at 1-877-765-5565.

#### **Termination of Agreement**

18. Both client and therapist can terminate the therapeutic relationship at any time for any reason.

#### **ACKNOWLEDGEMENT AND CONSENT**

I acknowledge that I have had the opportunity to carefully read this document, to ask and have answered any questions or concerns I have about this document or arising from this document. I further acknowledge that I have read and I understand all the information contained in this document. I agree to the terms of service outlined above in exchange for fees paid and hereby give my consent to participate on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signed: \_\_\_\_\_  
Client/Parent/Guardian

\_\_\_\_\_  
Witness

**Thank you for choosing Joy Health & Research Centre.**