



*Sue Klassen*

Stress, Trauma and Conflict Transformation Services

226-792-8200  
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[www.sueklassen.ca](http://www.sueklassen.ca)

99 Homewood Avenue  
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### **Private Practice Informed Consent Statement**

I am pleased to work with you towards your goals using Emotional Freedom Technique (EFT). I would like your informed consent for these services, so you are choosing these services based on a clear understanding of the EFT services I offer, the costs, my office policies, protection of your personal information, and the limits of confidentiality. Please review these policies. Feel free to contact me about these in advance of your first appointment. You will have the opportunity to ask further questions at the first appointment.

I will ask you to sign and date this form at or before our first appointment.

### **Rates and Insurance**

Sessions are not covered by OHIP. They may be covered in full or in part by your benefit plan.

<b>Initial adult</b> EFT session: 90 minutes	\$ 140
<b>Regular adult</b> EFT session: 60 minutes	\$ 100
<b>Extended adult</b> EFT session: 90 minutes	\$ 135
<b>Initial</b> EFT session for <b>teens</b> (12 – 18): 80 minutes	\$ 115
<b>Regular</b> EFT session for <b>teens</b> (12 – 18): 50 minutes	\$ 85

### **Payment**

Payment may be made by any of the following:

- e-transfer to [sue@sueklassen.ca](mailto:sue@sueklassen.ca)
- Cheque made payable to Sue Klassen
- Cash (exact amount)

Payment is due at the end of each session, with the exception of e-transfer. I request that e-transfers are made at the end of the first session, and before the session from the second session forward. A receipt will be sent promptly by email following the session. I charge a fee of \$35 for NSF cheques.

### **Cancellation Policy**

I request 48 hours' notice for a session cancellation, so that I can offer your appointment time to someone else. Half of your full session fee will be charged for a first missed session. The full session fee is charged for each subsequent missed appointment, or if you do not provide at least **48 hours' notice**. An invoice will be mailed to the address on file for late cancellation or missed appointments. This includes your initial appointment.

## **Telephone, Email and Texting Communication**

I try to return messages within 24 hours or one business day unless otherwise stated. Please be aware that I do not offer crisis service. If you require immediate assistance, please visit your local Emergency Department, call/text 211 to connect you with services, or call 911.

I use email and text to schedule appointments and for other non-clinical reasons if clients provide the consent for me to do so.

## **Confidentiality**

The information you share with me is confidential. Both written and verbal records about a client cannot be shared with another party without the informed, written consent of the client.

There may be occasions when I must share information about you or your situation without your consent. These situations are exceptional but include the following:

1. I am required by law to report suspected child abuse or neglect to the relevant child welfare authority.
2. If a client intends to harm themselves, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I will take further measures without their permission that are provided to me by law in order to ensure their safety.
3. If a client is threatening serious bodily harm to another person(s), I must notify the police and inform the intended victim(s).

## **Privacy**

I commit to taking all reasonable steps to keep your information private. These include keeping files in a locked file cabinet, permanently deleting any records sent electronically after printing and filing, I commit to following your choices regarding how you want to be contacted.

You have the right to request to see any personal information that I have collected about you or your situation. You have the right to view your clinical file. If you wish to view your file or if you have any concerns about the privacy of your information, please contact me.

## **EFT is Not a Substitute for Medical Care**

EFT therapy is not a substitute for professional medical, naturopathic, chiropractic, psychological or psychiatric care. EFT can yield deeply healing results quickly, and clients may wish to stop taking medications or make other changes based on their progress. By signing this consent form, clients take responsibility for making contemplated changes in consultation with professional medical care.

## **Consent for EFT Therapy**

I, \_\_\_\_\_, have agreed to be seen at *Release Restore*, the private practice of Sue Klassen, MA, STAR Practitioner. I have read, understood and agreed to the policies and practices outlined above, and have been given an opportunity to ask questions.

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Signature

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Date