



*Sue Klassen*

Stress, Trauma and Conflict Transformation Services

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### Private Practice Informed Consent Statement

I am pleased to work with you towards your goals. I would like your informed consent for these services, so you are choosing these services based on a clear understanding of the services I offer, possible risks and benefits of therapy, 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 most insurance plans. They may be covered in full or in part by your benefit plan. Rates of the most commonly chosen options are shown in Canadian dollars. (All rates are shown at [sue@sueklassen.ca](mailto:sue@sueklassen.ca))

### Payment

<b>Initial adult</b> EFT session: 90 minutes	\$140
<b>Regular adult</b> EFT session: 60 minutes	\$100
<b>Five session package:</b> Initial 90 minute session, and four 60 minute sessions	\$450

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. Packages are paid in full at the end of the first session of the package. A receipt will be sent promptly by email following receipt of payment. I charge a fee of \$35 for NSF cheques.

If for any reason, a client has one or more unused sessions from a package, these are refunded by calculating the regular price for the sessions used, and refunding the difference from the price of the package. There is no expiration of unused sessions.

## **Termination of Therapy Sessions**

Right from the first session, we will be working together to prepare you for life beyond counselling sessions. Ideally, therapy is a launchpad for continued growth in meeting your goals. When your therapy goals have been met, or, if other reasons intervene, the following have been shown to improve long-term outcomes: reviewing your goals and growth, naming any feelings arising at the end of therapy, and discussing how you will continue this growth beyond therapy. Having regular conversations about when and how to terminate our work together is an important part of therapy. I will raise the topic periodically, and I invite you to raise it as well. As a therapist, I am actively trying to work myself out of a job, in partnership with every client!

## **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 your local crisis lines 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. Written and verbal records about you cannot be shared with another party without your informed, written consent, except as described below.

There may be occasions when I must share information about a client or a client's situation without the client's 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 or someone else, I will make every effort to enlist their cooperation to reduce harm. If they do not cooperate, and I believe disclosure is necessary to eliminate or reduce significant, imminent risk of serious bodily harm, I will take further measures without their permission that are provided to me by law in order to reduce risk. In the case of threats of serious bodily harm to another person(s), I must notify the police and inform the intended victim(s).
3. If I am subpoenaed for legal proceedings, or a legal investigation is in progress related to my practice, I may be required to break confidentiality.
4. If a client is ill, injured, or incapacitated and unable to give consent personally, I may need to break confidentiality to contact a relative, friend or potential substitute decision-maker.

*See Limits of Confidentiality, College of Registered Psychotherapists of Ontario.*

In each of the above scenarios, I would seek to keep my client actively informed about steps being taken. Additionally, to discuss the situations above, or in order to improve my effectiveness in responding to your needs, I may need to consult a Supervisor. I would seek to do this in the most confidential way possible, for instance, by not sharing your name or identifying information.

If, at any time beyond the above scenarios, I might consider it to be beneficial to consult with one of your health care providers, I would explore this with you. I would only do this in consultation with you, and with your prior written consent, and I would report back to you what was discussed.

## **Privacy**

I commit to taking all reasonable steps to keep your information private. These include keeping files in a locked file cabinet and 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 at any time. If you wish to view your file or if you have any concerns about the privacy of your information, please contact me.

Sometimes, therapists and clients happen to meet in a public space. If I see you in public, I will not greet you or indicate that I know you. You are welcome to come up to me and say hello. But I will preserve your privacy by giving only the acknowledgment I would give a stranger otherwise.

## **Risks and Benefits of EFT Therapy**

Any type of therapy has benefits and risks. Working on challenging parts of your life may lead to some uncomfortable feelings. On the other hand, therapy often leads to release of these feelings, and increased skills for managing such situations. The course of therapy differs for each person. Stress hormones are typically released from the body's tissues during session: these can be flushed from the body by drinking extra water. Some individuals may feel quite tired after some sessions, and prefer to schedule their session to allow time to rest following a session. Let me know of any side effects that you may be experiencing so that we can address these effectively. In general, EFT is considered a very safe, effective therapy.

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

EFT therapy is not a substitute for professional medical, 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 Therapy Practice Session**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_