



## Payment Information and Policy

- Full payment is required on the day of the appointment and prior to the time of the scheduled appointment in the form of an eTransfer (slaw@sherrylawconsulting.hush.com), Paypal deposit, or Bitcoin.
- Payments are the responsibility of the client even if some or all the session fees may be covered by a third party. Payment for sessions will be required prior to scheduling subsequent appointments.
- If you are using a third party to cover your costs, you acknowledge that you need to contact your insurance provider before booking to understand your coverage options as Psychotherapy services are not covered by provincial health care.
- If you are using a third party to cover your costs, you acknowledge that you will be responsible to seek reimbursement from your insurance after obtaining your receipt after payment of each session as I do not direct bill any insurance.

### 1. Payment by Individual:

I, the client, claim full responsibility for services rendered and understand that payment is required in full at the time of service.

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Signature

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Date

### 2. Payment by Service Provider/Insurance Company:

*\*Direct billing must be authorized by Insurance Provider in writing.*

I, the client, hereby authorize the release of information necessary in the processing of my claim. I also authorize payment directly to Sherry Law.

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Signature

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Date

**Primary concerns that brought you here today:**

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**Stressors (optional)**

Feel free to briefly describe the stressors in your life.

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**Physical Health**

General Health:       Excellent       Good       Fair       Poor

Medications (vitamins, prescription or otherwise): \_\_\_\_\_

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**Current Health Care Providers**

Physician: \_\_\_\_\_ Dates: \_\_\_\_\_

Care Provided (optional): \_\_\_\_\_

Specialists: \_\_\_\_\_ Dates: \_\_\_\_\_

Care Provided (optional): \_\_\_\_\_

Mental Health: \_\_\_\_\_ Dates: \_\_\_\_\_

Care Provided (optional): \_\_\_\_\_

## **Information and Consent Form for Clients meeting with Sherry Law, MEd, CCC, LCT**

I want you to understand the nature of my services. If you have any questions regarding anything, please ask. We will go over this the first session. I am a Canadian Certified Counsellor (CCC #8049) and a Licensed Counselling Therapist (LCT17-038). I adhere to the regulations, standards of practice and ethical principles of the Canadian Counselling and Psychotherapy Association, and the College of Counselling Therapists of New Brunswick.

During the initial session, you can tell me about yourself, and I will ask some questions to clarify your current situation and the nature of your challenge. We will collaborate to create a plan.

### **Risks and Benefits**

Psychotherapy may involve the risk of remembering unpleasant events, feeling unfamiliar sensations, or stimulate strong or unanticipated feelings or memories. You (The Client) may face issues or aspects of yourself that are uncomfortable, and therapy may lead to unforeseen changes in your relationships or take you out outside of your comfort zone to explore and expand your growing edge. Benefits may include an increased ability to live more effectively by improving your ability to cope with a variety of stressors and life challenges. You may also gain a better understanding of yourself, your goals, and your values, which will assist you in your personal and career growth. You may experience relief or resolution of trauma symptoms, and develop skills, increased resiliency and a healthier relationship with yourself and others.

### **Your Responsibilities**

Personal commitment to therapy is crucial for success. It is important that you be active, open, and honest with me. Your most important responsibility is to work toward the goals you and I have agreed upon. Seeing a therapist is often enhanced with additional efforts made between sessions, such as: thinking about the material covered in your sessions, monitoring the behaviours you are trying to change, reading a book or article, completing worksheets, practicing a new skill, writing or other creative projects in self-expression, or taking other concrete actions to support your growth. It is your responsibility to tell me when you are uncomfortable with any parts of the treatment. If you have any questions, please ask and I will do my best to answer your questions.

**Counselling Services:** I provide counselling services that have a foundation in integrative counselling therapy. Individual sessions are 60 minutes in length.

**Cancellation Policy:** If you need to rebook a session, please call **506-230-3107** and leave a message if no one answers or e-mail me at **slaw@sherrylawconsulting.hush.com**. I require a minimum of 24 hours notice of a cancellation.

**Confidentiality:** Confidentiality is of utmost importance in the therapeutic relationship. Please see below to understand limitations. Generally, the information that you provide to me is confidential, unless you have given clear, written consent to share information with a particular person, organization, or insurance company. Your file is kept in an encrypted jump drive and locked filing cabinet.

There are some **limits to confidentiality**. I can release information to an appropriate person or organization if:

- a. When disclosure is required to prevent clear and imminent danger to yourself or an identifiable third party.
- b. When a child needs protection.
- c. When I am served a subpoena by a court of law.
- d. When there are serious concerns about the ethical behaviour of another helping professional.

**Client Rights:** You have the right to guaranteed confidentiality as described above. You have the right to request or refuse any service or type of support offered by Sherry Law. You are strongly encouraged to exercise your rights, and to ask many questions.

**Acknowledgement of Services**

I, the client, have read and understand the information above, entitled “Client Consent and Intake Form”. I understand the nature and limitations of the Counselling Services provided here from Sherry Law, MEd, CCC, LCT.

I understand the payment and cancellation policies.

Please note: I am unable to provide crisis counselling services - I am generally able to schedule an appointment within 3-4 weeks at the time of booking.

I agree to Sherry Law collecting, using, and disclosing personal information as set out above. I understand the clause on confidentiality, including the limits of confidentiality. I also understand that Sherry meets and consults regularly with her professional peer supervision group (in Fredericton, NB), and that my identity and any identifying information will be protected, however, Sherry may consult regarding a particular concern or challenge to ensure client welfare and best therapeutic practice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name