

Roberta McKay MA, RP, IBP, SEP
PSYCHOTHERAPY SERVICES
INFORMED CONSENT FORM

As a client in psychotherapy, you have certain rights under the provisions of the Personal Health Information Protection Act of 2004 and the Psychotherapy Act of 2007. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

My Responsibilities to You as Your Therapist:

I. Confidentiality

Other than specific exceptions listed below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform the intended victim and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child, or if you give me information about someone else who is doing this, I must inform the Children's Aid Society.
3. If I believe that you are in imminent danger of harming yourself, I will encourage you to make your emergency contact or someone you trust aware of this. If you are unwilling to take steps to ensure your safety, confidentiality will be broken and the necessary people will be made aware and / or 911.
4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either
 - a. engaged in sexual contact with a patient, including yourself or
 - b. is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems,then the law requires me to report this to their licensing board. I would inform you before taking this step.
5. If the records are subpoenaed by a court order.
6. The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couple's therapy with me. If you and your partner decide to have some individual sessions as part of the couple's therapy, what you say in those individual sessions will be considered to be a part of the couple's therapy, and, may be discussed in our joint sessions. I will remind you of this policy before beginning such individual sessions.

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PSYCHOTHERAPY SERVICES

II. Records

I keep records of our meetings. Health information may be needed to reach my recommendations regarding your treatment. I maintain your records in a secure location that cannot be accessed by anyone else. Records are NOT electronically stored. If records need to be made available to anyone else, or if your session attendance need to be confirmed to a third party such as an insurance company, I will need your written consent. If electronically transmitted via email, records will be encrypted. Any transfers of physical files containing your records will be placed in a sealed envelope marked "Private and Confidential" and sent by Canada Post, or, by a reputable courier.

Records are kept for 10 years after our last meeting, after which, they will be destroyed

Under the provision of the Personal Health Information Protection Act of 2004, you have the right to a copy of your file at any time. Just ask me. You have the right to request that I correct any errors or omissions in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I will charge a fee for the time and expense incurred.

If you elect to communicate with me by email, please be aware that email is not completely confidential. Communication via email or texting will be used primarily for scheduling, re-scheduling or cancelling an appointment, with the exception of submitting homework assignments by email, in which case, it is recommended that the document be password protected as confidentiality is not ensured otherwise.

III. Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You have the right to refuse or terminate therapy at any time or to refuse touch (this can be a part of a therapeutic technique), or any other intervention I may propose. It is recommended that if something comes up from a session that leads you to want to terminate prematurely it can be very helpful to come in one more time to address that particular issue.

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the College of Registered Psychotherapists of Ontario 375 University Avenue, Suite 803 Toronto, ON M5G 2J5 Tel: 416-479-4330 or 1-844-712-1364.

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PSYCHOTHERAPY SERVICES

My Training

I have an M.A. in Counseling Psychology from the University of Northern Colorado, graduated in 1988. I have a Certification in Integrative Body Psychotherapy and I am a Somatic Experiencing Practitioner. I have completed twenty-five days of trainings in Crucible Neurobiological Therapy with Dr. David Schnarch, plus 40 hours of case consultation webinars and ongoing peer consultation. I have received level 2 training in EMDR and have completed the master's coursework in Dance Movement Therapy from the Naropa Institute and have graduate training in Bioenergetics.

I am registered with the College of Registered Psychotherapists of Ontario: Registration Number 003853. I am a member of the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists

What to Expect

It is my intention to provide services that will assist you in reaching your goals. Based on the information you provide and the specifics of your situation, I will provide recommendations to you regarding your treatment.

The training that I received from Dr. Schnarch has greatly influenced my work over the past 2.5 years. This is a collaborative approach based on the willingness to self-confront for the purpose of raising one's level of functioning and to increase the capacity for genuine intimacy and connection in relationship, and to function with a more solid, grounded sense of self. Many of us have been negatively impacted by being in close relationship with people who have been hurtful, cruel and have caused great damage. This approach has an effective and practical means of addressing and healing from the traumatic impact these types of relationships have on us.

Integrative Body Psychotherapy works with the breath, movement and somatic based experiential exercises. This can give someone an inside experiential understanding as well as a cognitive understanding of themselves. Emotional wounds or traumas that are pre verbal may not be accessible by talking alone. The work is used to increase one's capacity for a greater sense of well-being and aliveness. This is an energetic experience of self that is grounded in the body. IBP is very effective in work with individuals and with couples. It is useful in dealing with family of origin emotional injuries and trauma, anxiety, depression and many other somatic based ailments.

Somatic Experiencing is an approach used for the resolution and healing of trauma. SE employs awareness of body sensation to help people "renegotiate" and heal rather than re-live or re-enact trauma; SE's guidance of the bodily "felt sense", allows the highly aroused survival energies to be safely experienced and gradually discharged; SE may employ touch in support of the renegotiation process although is not necessary. SE can help in the relief of traumatic stress symptoms, increased resiliency, and resourcefulness.

EMDR (eye movement desensitization and reprocessing) is an approach that has been found to be effective in treating trauma and other mental health issues and somatic symptoms.

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PSYCHOTHERAPY SERVICES

In addition to body oriented approaches I will use more traditional talk therapy techniques such as **Cognitive-Behavioral** therapy, **Family Systems**, **Gestalt**, **Solution Focused** and others. The therapeutic relationship is a key factor in supporting healing as injury often happens in relationship and therefore healing happens from a reparative relationship.

Like any other treatment there may also be negative side effects, such as sleep disturbances, frightening memories, or unfamiliar and uncomfortable body sensations. Such reactions are not uncommon and can be attended to in the course of our work together. It is important that you are aware that there are other forms of body-oriented and somatic psychotherapy modalities that may also be helpful to you such as **Sensorimotor Psychotherapy**, **Bodydynamics**, **Yoga Therapy** and others. Obviously, there are also many non-somatic focused forms of psychotherapy and counseling that you can choose from.

Professional Consultations:

In the course of providing service, discrete consultations with professional colleagues may be sought where this will assist in delivering service more effectively.

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. We will discuss a plan for termination as you approach the completion of your treatment goals.

Again, you may discontinue therapy at any time. If it is determined that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

Availability/Emergencies

I am available for regularly scheduled appointment times. My office days are typically Monday-Friday. I retrieve voicemail messages daily and will return calls as soon as possible. Dates of vacations and other exceptions will be given out in advance, if possible. If you are in crisis, please contact the crisis line at 1-844-437-3247 or 911 in case of emergency.

I have read the above information disclosure statement, understand, and agree to it.

Client name (print)

Date

Client Signature

47 Maplewood Place Kitchener ON N2H 4L4, 519-572-7018

www.robortamckay.com roberta@robortamckay.com

This document was last revised on March 1, 2021 – Page 4 of 4

Roberta McKay MA, RP, IBP, SEP
PSYCHOTHERAPY SERVICES

YOUR RESPONSIBILITIES AS A CLIENT:

- I. You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 60 minutes, which includes time to re-schedule and to pay. If you are late, we will end on time and not run over into the next person's session.
- II. **If you miss a session without canceling, or cancel with less than twenty-four hours' notice, you must pay for that session.**
The only exception to this rule about cancellation is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires), or if you or someone whose caregiver you are has fallen ill suddenly.
- III. You are responsible for paying for your session either prior to or at the time of service. Check, cash or e-transfers are accepted for payment. My fee for a 1 hour session is \$142, (\$160 with HST). I have limited space for a sliding scale, based on your household income. Increases in fees may occur on an annual basis with notification. I reserve the right to use a collections agency or legal means to obtain unpaid bills. If payment is not made for the session this will result in termination of therapy.

I have read the above document, understand, and agree to it.

Client name (print)

Date

Client Signature