

## Service Agreement for Therapy – Lori Yusishen, BHEc, MMFT

**The Therapist:** This agreement is between you and Lori Yusishen. Ms. Yusishen has a Bachelor's degree in Human Ecology (Family Studies) and a Master's degree in Marriage & Family Therapy. She has worked in the field of counselling since 1991 and is a Registered Social Worker with the Manitoba College of Social Workers.

**Therapy Expectations:** While there are no guaranteed outcomes in therapy, it is one potential way to resolve problems in one's life. It can be very rewarding and, at times, also be very difficult. It involves hard work both in session as well as in between sessions. You can expect a safe environment in which to do your work that does not discriminate against age, sex, race, ethnic background, religion, disability, sexual orientation, or relationship status or political affiliation. At any time, you may ask questions about your treatment, refuse to participate in specific tasks or terminate therapy.

**Confidentiality:** At times your therapist may consult with a supervision team in order to provide you with the best possible care. We protect your privacy by not sharing this information outside of this group without your written permission, except for the following circumstances:

*Child Welfare:* We are required by law to report child abuse, neglect or any involvement with child pornography.

*Threats of Harm:* If you do or say something that we honestly believe puts the life or safety of yourself or another person at risk, we may ask for help from others to assist you.

*Justice System:* Family therapists do not make good advocates in court and you are asked to not involve us in that process. However, occasionally we may be required to comply with a subpoena of records.

Should you meet your therapist in a social situation, she will respect your privacy and not reveal to anyone the nature of your relationship. However, you should be aware that sometimes your own actions in a social situation might inadvertently breach your confidentiality. Should a social situation become ongoing, your therapist will discuss with you in private how to proceed to avoid any conflicts of interest.

**Therapist Availability:** Should you require your therapist's assistance outside of your appointment time, you may leave a confidential voice mail message at 204-333-9234 or email at info@WinnipegTherapy.com. If urgent assistance is required and your therapist is not available, consider calling the Clinic Crisis line (204-786-8686) or going to your nearest hospital.

### Session Times and Fees:

**Fees:** Sessions are \$130/hour plus any applicable taxes and are payable at the time of the session. Rates are reviewed annually and increases are based on the current standards. Your therapist will give you advance notice of any increase in your rate.

*Individual sessions* are typically 1 hour (50 min therapy, 10 min administration).

*Couple sessions* are typically 1 ¼ hours (65 min therapy, 10 min administration).

The 10 minutes of administration time is used to book the next appointment, collect payment and update your chart notes. Short phone calls are included in this service. However, long phone calls, letters, complex emails, court appearances and other consultations will be negotiated at current rate.

**Cancellations:** Your therapist's time is valuable and she is committed to the appointment time that she provides to you. Should you need to change or miss an appointment, please provide at least 24 hours notice prior to the session. If you do not provide 24 hours notice prior to changing or missing your appointment, you will be responsible for paying the full rate of the session. This includes circumstances beyond your control such as illness, weather, childcare, transportation, etc., and even if you choose to rebook another session. Your therapist equally values your time, therefore if she cancels your appointment within 24 hours of the appointment time, or fails to show for your appointment, your next appointment will be free of charge.

- ✓ I have been given the opportunity to ask whatever questions I may have had and all such questions have been answered to my satisfaction.
- ✓ I understand the information in this form and freely consent to begin therapy.

Client (sign/print) \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Client (sign/print) \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

- ✓ I hereby indicate that I have defined and fully explained the above information to the client(s) and to the best of my knowledge, it was understood.

Therapist's Signature \_\_\_\_\_ Date \_\_\_\_\_