TERMS OF SERVICE

The Couple and Family Therapy Centre (CFTC) mission is to provide high quality relationship-focused therapy to people living in Guelph and the surrounding area by:

- Striving for excellence in service and training
- Fostering change collaboratively and respectfully
- Ensuring accessibility
- Valuing diversity
- Being accountable to clients, the university, the community and the profession of Couple & Family Therapy
- Maintaining high standards for ethical practice

We think of therapy as a collaborative effort - the therapist and client working together to find helpful options for issues in living. Given that we use a team approach, you will likely be working with more than one intern.

Service Exclusions: The CFTC does not provide specialty services associated with assessments required for court proceedings in cases such as: child custody and access; parental competence; child abuse; pre-trial disposition reports; probation assessments, etc. If you require this type of assessment service, we may be able to refer you to other appropriate professionals in the Guelph community. We cannot adequately provide services to people when they are experiencing active and/or acute episodes of a psychiatric illness, or to clients in acute crisis situations. In such circumstances we may be able to make a referral to Community Mental Health Association Waterloo Wellington Dufferin, Guelph General Hospital, Homewood Health Centre, a psychiatrist or other appropriate resources in the community.

Crisis: Should you be in crisis between sessions, you can call HERE 24/7, Addiction, Mental Health & Crisis Services in Waterloo, Wellington and Dufferin at 1-844-437-3247, or the Crisis Line at 519-821-0140 which will link you to HERE 24/7, or go to Guelph General Hospital Emergency Department.

Initial Meeting: At your first meeting, you and your therapist will discuss your concerns, the kind of help the therapist can offer, initial therapy goals, and whether or not the CFTC is the best source of help for your situation. If necessary, we will help you locate appropriate alternative services.

Length and Frequency of Sessions: Sessions are typically one hour long; however, longer sessions may be arranged in consultation with your therapist at an adjusted fee. The frequency of sessions will be based on your needs and the time commitments of the therapist. Sessions may be weekly, bi-weekly or even monthly, as you and your therapist determine to be appropriate. When a therapist has finished her/his training in the Couple & Family Therapy Program, we do not facilitate further contact. Should you wish to continue your therapy we will offer services with another intern.

Fees: Our fees are based on household income and the number of persons in the household. At the time of your initial phone call, the intake worker can tell you what your fee will be, based on these factors. At your initial meeting, you and your therapist will finalize your fee agreement. Please pay after every session.

Cancellation Policy: We understand that there may be times when you will need to cancel a session. You will not be charged for the session if you give us 24 hours notice of cancellation, or in an emergency situation that does not allow for 24 hours notice. If you do not give 24 hours notice of your intention to cancel or do not appear you will be responsible for paying the session fee.

Record Keeping: We keep records of the initial meeting, all ongoing therapy sessions, and the ending summary. You will be provided with copies of all these records, unless you choose not to receive them. Records are kept for 10 years. We comply with the Personal Information Protection and Electronic Documents Act (PIPEDA) of the Federal Government of Canada and the Privacy Guidelines of the University of Guelph. This means that all personal information obtained, used, and disclosed at the CFTC is done so with your consent. You have the right to access personal information held by the CFTC and to challenge its accuracy, if need be. The personal information that we have collected from you (age, name, income, opinions, comments, etc.) can only be used for the purposes for which it was collected (maintaining accurate
records during therapy at the CFTC). Your personal information is protected by specific safeguards including locked cabinets and computer passwords.

**Professional Ethics:** We are bound by the Code of Ethics of the American Association for Marriage and Family Therapy (AAMFT). You may ask to see the Code at any time. As a client in our Centre, you have the right to ask any questions you wish about your therapy. You are free to leave therapy whenever it makes sense to you to do so.

**Supervision:** Your therapist is an intern in the graduate program in Couple and Family Therapy and is a candidate for a Master’s degree in the Department of Family Relations and Applied Nutrition. Interns are involved in a rigorous academic and clinical training program. Their client work is supervised intensively by clinical supervisors at the Centre, who are all AAMFT Clinical Members and Approved Supervisors or Supervisors in Training. To ensure that clients receive the best possible service, all sessions are recorded so that interns can evaluate their own work and have it reviewed by their supervisors. Video or audio recording is a condition of service. The CFTC is dedicated to ensuring that clients receive the best service we can offer.

**Process of Therapy:** Because therapy involves change, it is important to know that there may be times when you experience some increase in distress and/or uncertainty. One of the goals of therapy is to support and help you through this process.

**Confidentiality:** Everything that is said in the context of the conversations between therapist and client is kept confidential. As we work as a team, what is said may be shared with clinical supervisors, with other Centre therapist interns and, occasionally, with therapists who are consultants to the Centre. All supervisors, therapist interns and consultants are ethically bound to maintain confidentiality.

There are, however, a number of exceptions to the rule of confidentiality of which you should be aware:

1. when a client gives written permission to have information from the therapy meetings communicated to another person(s). In this case an authorization for release of information form must be signed by the client.

2. when a client is clearly at risk to hurt him/herself or others, as when there is a danger of suicide or assault. In these situations, more resources need to be brought in to ensure safety.

3. when a client discloses that a child under age 16 has been sexually or physically abused, or neglected. This also includes when domestic violence or ongoing verbal abuse between family members is reported and there is a child (or children) in the home.

4. when a client discloses that a child is at risk of abuse or neglect as determined by the therapist. This includes when a client reports that a child is not adequately supervised and is at risk of harm.

5. A client discloses that he/she was abused in childhood and there is a possibility that the person who was abusive towards them may be a danger to other children now.

   In Situations (3), (4), and (5) we report to Family & Children’s Services.

6. when a client discloses that s/he has been abused by another helping professional who is a member of a profession regulated by the Regulated Health Professions Act or the Social Work & Social Service Workers Act (e.g., psychologist, medical doctor, physiotherapist, etc.), it may be necessary to report to the relevant college.

7. when the therapist is mandated by a court order to disclose information, as can happen if there are legal proceedings. Client files can be subpoenaed and therapists can be ordered to testify in court.

8. when a client discloses that s/he has a reportable disease, it may be necessary to report it to the Medical Officer of Health.

9. when a client discloses knowledge of a suspicious death, this information must be reported to a police officer or to the coroner.

10. when a client reports a reasonable suspicion that a resident of a nursing home has suffered or may suffer harm as a
result of unlawful conduct, neglect, or improper or incompetent care, it may be necessary to report it to the provincial Director of Nursing Homes.

**Parental Consent:** In situations where parents have joint custody, or where there is no legal custodial agreement (even if the child lives entirely with one parent), both parents must give written consent before the children under the age of 12 can be seen at the Centre. Children aged 12 and over can give consent for their own involvement in therapy, however a parent/caregiver must accompany any young person between the ages of 12 and 15 to the first meeting with a therapist. Until custody has been legally arranged, it is, “de facto” joint.

**Individual Therapy For Children:** The CFT Centre does not typically provide individual counseling for children under 12. Because the Centre takes a relationship oriented and systemic approach we ask that children under 12 participate with a parent or legal guardian. Clients between the ages of 12 and 15 may be seen individually only after an initial session has been held with an accompanying parent or legal guardian.

**Client Feedback, Concerns and Complaints:** During and/or at the end of therapy clients may be asked to fill out a form providing feedback on their satisfaction with the therapy. This form does not identify who their therapist was. If you have a concern or dissatisfaction regarding your therapy which you wish to communicate while it is on-going, we encourage you to discuss your concerns with your therapist first if possible. If this does not seem feasible for any reason, you may request to speak privately with your therapist’s supervisor, or with the Director of Clinical Services. Concerns or complaints may be made in person, by phone, or by letter. They are usually discussed by the Centre supervisors and Director of Clinical Services, who will then decide on appropriate action.

*The above “Terms of Service” at the Couple and Family Therapy Centre have been explained and I hereby voluntarily consent to therapy under the above terms.*

Enrollment #: ____________

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<tr>
<th>Client’s signature</th>
<th>Therapist Intern’s signature</th>
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<td><em>I agree to these terms of service</em></td>
<td><em>I have explained these terms of service to the client</em></td>
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<th>Client’s signature</th>
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<td><em>I have received a copy of these “Terms of Service”</em></td>
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**If children under the age of 12 are participating:**
I hereby voluntarily consent for my children, named below, to participate in therapy under the above terms.

**Names of Children:**

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<th>Signature of Parent or Legal Guardian</th>
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