



Informed Consent for Video or Telephone Counselling

Vanessa Dulgar, MEd, RP

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Note that this form is specific to Vanessa Dulgar, MEd, RP—it is separate from Arcora’s consent form, which clients must complete before accessing counselling services through Arcora.

REGULATORY MEMBERSHIPS

- Registered Psychotherapist, College of Registered Psychotherapists of Ontario (CRPO # 009506)
- Certified Ontario Association of Mental Health Professional (OAMHP # 7189-G)

TIME OF APPOINTMENTS/NO SHOW & LATE CANCELLATIONS

Each appointment is scheduled to last 50 minutes, leaving me time (the last 10 minutes) to book our next session together, and take notes. If I cause a late start, we will still be together for the full 50 minutes. If you are late for an appointment, we still end the session at its original scheduled end time (i.e. no extra time can be allotted to account for the time lost).

I typically give a 15-minute grace period for you to show up for a video/phone session, or to call me back if you have missed my call. If there is no follow-up within that timeframe, it is considered a no-show appointment.

Arcora will cover one no-show/late cancellation fee which counts towards the total hours of allotted service on your plan and as such, cannot exceed a plan’s available hours. Any additional missed appointments and appointments changed or cancelled with less than 24 hours notice will be billed to you directly at \$100 per session.

NUMBER OF SESSIONS/COST

Since you are coming to me through an Employee Assistance Program (EAP), there is a limited number of sessions pre-approved by your insurer or employer. Please note that if for some reason you stop our sessions without letting me know in advance, I cannot assume responsibility for your mental health and well-being after that.

The cost of the session is covered by your EAP. However, should you want to continue to receive service beyond your allotted amount of time, you are welcome to work with me privately via private practice for a fee which can be discussed if needed.

PERSONAL INFORMATION

Your therapist follows the *Canadian Code of Ethics for Psychotherapists* and *PIPEDA* to protect your information, including your date of birth, name, address, contact details, family background, health history and ethnicity. You can access and amend your personal information anytime. Information is shared only with your consent or as required by law. Only necessary information is collected, stored electronically with bank-level encryption and securely locked in paper form. Records are kept for 10 years after your last contact and then destroyed securely.

CONFIDENTIALITY

Therapists must maintain strict confidentiality by law and ethical standards but may disclose information without consent in certain situations:

1. **Abuse/Neglect:** Report suspected abuse or neglect of a child under 16 to a children’s aid society, as well as report harm or risk to residents of nursing/retirement homes to the appropriate authority.
2. **Sexual Abuse by a Health Professional:** Report sexual harassment or abuse by another health professional to the relevant regulatory body.
3. **Harm to Self/Others:** Act if you are at risk of harming yourself or others, which may include contacting emergency contacts, seeking hospitalization, or notifying authorities.
4. **Court Order:** Comply with subpoenas to provide records or testify in court.
5. **College/Government Audit:** Allow case note review by the College of Psychotherapists of Ontario during audits, with privacy protection.
6. **Therapist's Illness, Injury, or Death:** A colleague may access your file to notify you of treatment interruptions.

YOUR RIGHTS AS A CLIENT

My services will be professional, legal and ethical. If you are not satisfied with the support you are receiving, you may contact me directly, reach out to Arcora’s Clinical Director at estordy@arcora.ca or file a report to the [College of Registered Psychotherapists of Ontario](#).

AGREEMENT AND SIGNATURE

By signing, you understand and agree to these terms. Non-compliance may end our working relationship.

- My questions have been answered.
- I consent to assessment/therapy and can stop anytime.
- I agree to treatment conditions and confidentiality limits.
- I can review Arcora's personal information policies with my therapist.
- My clinical file is stored securely for privacy protection.
- Treatment is likely beneficial but not guaranteed; referrals will be provided if needed.
- Psychotherapy involves discussing issues with a supportive therapist.
- Discussing problems may be distressing, but I can withdraw and receive alternative referrals if desired.

Client’s name: _____ Client’s phone number: _____

This contract is in effect from (date): _____ Client’s signature: _____

Thank you for taking the time to read and sign this consent form. I am looking forward to guiding you through your therapeutic journey of healing.

Please email **both pages** of this completed form to vdulgar@arcora.ca