

Rostyslav Shemechko, B.Sc. M.Sc.

Registered Psychotherapist, CRPO

☎ 647-866-9061

✉ info@shemechko.com

🌐 www.shemechko.com



CONSENT FOR TREATMENT, RIGHTS & RESPONSIBILITIES

Welcome to my practice! The following document is information for you to best understand the therapeutic relationship and the conditions, which you will need to be successful. Please read the following document carefully and jot down any questions you might have so we can discuss them. When you sign this document, it will represent a contractual agreement between us.

PURPOSE OF TREATMENT

The purpose of treatment is to meet your therapeutic goals, which will be specifically outlined in your treatment plan. We will determine your treatment plan together once we have established what has brought you to treatment, what you would like to work on and what you want to accomplish. Treatment plans are reviewed once every three months or whenever necessary to address your treatment needs.

PSYCHOTHERAPEUTIC SERVICES

Psychotherapy is not easily defined in general statements. It varies depending upon the personalities of the therapist and client and particular problems you bring forward. There are many different methods and modalities I may use to deal with the problems you hope to address.

Some of the benefits you may feel from therapy are enhanced awareness, emotional understanding of yourself, improvement in your relationships with others, reduction in “problems” or “issues” that brought you to therapy in the first place, greater ability to think about things clearly and cope with dysfunctional patterns, better overall functioning, greater ability to deal with stress and work through difficulties, improvement in job or school performance, strengthened sense of self and overall sense of well-being.

Therapy is hard work and takes your participation and your commitment to change. Your success is directly dependent upon how much work you put into it and is also dependent upon your understanding of the limitations, benefits and risks of therapy. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. You have the right to question and/or refuse any therapeutic interventions, suggestions or directives at any time.

Our first few sessions will involve an evaluation of your needs.

If you have any questions about any of my procedures or interventions, you have the right to discuss them whenever they arise. If your doubts persist, I would be happy to help you set up a meeting with another mental health professional for a second opinion.

CONFIDENTIALITY

I understand that you are entering into a relationship and perhaps divulging information that you have never talked about before. The information you give me during a session is strictly confidential. It will not be divulged to anyone unless you have given me written permission. However, there are a number of exceptions to your confidentiality that I am required by law to divulge when necessary. Please review the following exceptions carefully:

- My services were sought or obtained to enable or aid anyone to commit or plan to commit a crime.
- I have reasonable cause to believe that you are a danger to yourself or others. The disclosure of this information is to prevent harm to yourself or others.
- I suspect or have evidence that a minor child (under 18) is currently the victim of abuse. Child abuse means physical injury, other than accidental, inflicted on a child by an adult or other person, sexual assault, cruel punishment or neglect.
- I am ordered by the court of law to disclose information.

Please respect the confidentiality of others seen or met in the counseling office or sessions.

COMPLAINTS

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.

APPOINTMENTS

I normally conduct an assessment/evaluation that will last from 1 to 2 sessions. During this time, we can both decide whether I am the best person to provide the services you need in order to meet your treatment goals. I will usually schedule 50 minutes sessions following your assessment/evaluation but occasionally you may require or request additional time. We will need to discuss this prior to authorizing an extended session.

PROFESSIONAL FEES, BILLING & PAYMENTS

- \$295 - 50 minutes Individual Therapy
- \$395 - 50 minutes Couple Therapy

Sessions cancelled with less than 48 hours notice are billed at the regular rate.

TERMINATION

You have the right to discontinue treatment and terminate at any time. Termination is an important part of the treatment process, regardless of how many sessions you have had. You have the right to close in the most effective manner, so please inform me of your intent to leave therapy instead of just not returning.

AGREEMENT

I have read this entire Consent for Treatment, Rights & Responsibilities and I understand and agree to these arrangements.

Client / Legal Guardian's **Full Name:** _____

Client / Legal Guardian's **Signature:** _____ **Date:** _____

Psychotherapist Signature: _____ **Date:** _____