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## INFORMATION FOR NEW CLIENTS

**Services offered:** Psychotherapy is available for children, youth, and families.

**Service Exclusions:** I do 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. I also 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 I may be able to make a referral to another appropriate community resource.

**Assumption of Risks:** Therapy sessions carry both benefits and risks. They can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy.

**Crisis:** I am unable to provide services to clients in acute crisis, and outside of regular business hours. Should you be in crisis between sessions, you may call 4 County Crisis Response Program at (705) 745-6484 or 1(866) 995-9933 24 hours a day/7 days a week. You may also contact your family doctor, your local emergency department, or 911.

**Length and Frequency of Sessions:** Sessions are typically one hour long; however, longer sessions may be arranged at an adjusted fee. The frequency of sessions will be based on your needs. Sessions may be weekly, bi-weekly or even monthly.

**Payment:** Sessions cost \$100 per hour (plus HST). Payment may be made at the end of the session by cash, cheque, or e-transfer. If payment is being made by a third party, you hereby give consent to the disclosure of information required by the third party for billing to take place. The information to be disclosed may differ from third party to third party.

**Insurance Companies and Employee Assistance Programs (EAP):** Each insurance company and EAP has different eligibility criteria, payment limits, etc., depending on the package your employer purchased. For some, they require the therapist to be approved by them before they will cover the payment. **It would be in your best interests to check your policy and insurance provider to see if they cover Registered Psychotherapists and whether or not the therapist needs to be registered with them.**

**Expected length of therapy:** Therapy will continue only as long as it is beneficial to you. The duration of the therapy will be mutually agreed upon, with ongoing evaluation to determine its helpfulness. You have the right to end therapy at any time for any reason. I would hope that we would also have the opportunity to discuss this before you make a decision. In the event that I would need to end therapy (for example, due to illness), I would refer you to another service.

**Cancellations:** To cancel a session, at least 24 hours' notice is appreciated.

**Email:** Email/text communication is for the purpose of sending forms and scheduling appointments only. Please note that if you choose to correspond by email/text on other matters, it will be understood that permission has been granted to communicate in such a manner, with the knowledge that confidentiality cannot be guaranteed (due to the nature of the internet).

**Therapy Outcomes:** Please note that a therapist cannot guarantee the outcomes of therapy. It should also be noted that 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 you through this process.

**Records:** Your file becomes the property of the therapist and will normally be retained for a maximum of ten years after your last interview. It is then usually destroyed (shredded, if a paper file) for the protection of your confidentiality. You may request a copy of your records for a reasonable fee. Please note that records cannot be released when they contain the name of another person and that reports from other professionals cannot be released without the consent of that professional. Electronic files (such as session notes and financial information) will be encrypted and stored in compliance with PHIPA and CRPO standards.

**Requests for letters or reports:** Please provide a minimum of one week's notice for any required letters or reports. These are not intended to serve a client in court. Should you request reports or letters, the prorated fee is \$100 per hour (for example, if it takes 15 minutes to compose a letter, the cost would be \$25).

**Confidentiality:** Everything that is said in the context of the conversations between therapist and client is kept private and confidential. Information about you will not be released to anyone without your informed, voluntary, and written consent. The following are exceptions where therapists have a legal responsibility to notify the proper authorities:

- If it is believed that you or someone else is in imminent danger of physical harm.
- When disclosure is required by law, as in suspicion of child abuse (under the age of 16), abuse of other vulnerable persons (e.g. the elderly, or disabled persons, etc.), by court order, or, a search warrant.
- In the unexpected death or illness of the therapist, you may be contacted by a representative who is acting on behalf of the therapist, to provide you with an appropriate referral.
- When a client discloses that s/he has been sexually abused by another helping professional (e.g., psychologist, medical doctor, physiotherapist, social worker, etc.), it may be necessary to report the name of the professional (not the client) to the relevant college.

**Supervision:** On occasion, I may consult with another mental health professional in order to help and support you in the best possible way. This conversation is also confidential and no identifying information would be shared.

**Professional Ethics:** I hold myself accountable to the Code of Ethics of the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP). I am also bound by the laws governing the work of mental health professionals, as regulated by the College of Registered Psychotherapists of Ontario.

**Client Feedback, Concerns, Complaints:** I welcome feedback at any time. If you have a concern about how I have handled something, please feel free to let me know. If you believe I have acted in an unethical manner. You may report your concern to the College of Registered Psychotherapists of Ontario at [www.crpo.ca](http://www.crpo.ca).