Dr. Sarah Bellefontaine, C. Psych.

203-200 Kennevale Drive

Nepean, ON K2J 0C3

(613) 843-8338

Fax: (613) 212-8964

**INFORMATION ABOUT MY PRACTICE**

This document introduces you to my practice and will provide you with important information you need to be aware of. Please do not hesitate to ask any questions you might have.

***Appointments***

Office hours are generally Monday to Thursday, 9:00 am to 4:00pm. Evening appointments can be available upon request.

***Insurance Coverage***

Psychological services are not covered by OHIP but can be partially covered by many extended health insurance plans. Coverage varies with each plan, so please verify with your carrier regarding claim procedure, details required on receipts, as well as whether you might require a referral from your physician.

***Payment for Services and Fees***

The fee for psychological services is $180.00 per 50 minute session. The remaining 10 minutes of each hour are spent on important file management and other tasks to provide you with optimal care.

Payment for services is due at the beginning of each session and can be done by cash, cheque, e-transfer, and major credit cards. A receipt will be provided when payment is received, which can be used for insurance or income tax claims, if applicable.

***Cancellations and Missed Appointments***

24 hours notice is required for all cancelled appointments. If sessions are cancelled with less than 24 hours notice, or if you do not show up to a scheduled appointment, the cancellation fee will be a half-session fee of **$90**.

***Confidentiality***

Information shared with your psychologist is private and confidential and cannot be disclosed to anyone without your permission. There are some specific situations in which I am required to break confidentiality:

* If you are in danger of seriously harming yourself, I will need to take steps to ensure your safety
* If there is a danger of you hurting another person, I will need to inform that person or the police
* If I have reasonable grounds to suspect a child is being abused, I am required to inform the Children’s Aid Society
* If I have reasonable grounds to suspect a resident of a long-term care facility or retirement home is being abused or neglected
* If you inform me that a health care professional has abused you, I must report this to their regulatory College
* If you are involved in a legal case where the court subpoenas your records, I will have to release your file
* My case files can be randomly chosen for assessment by the College of Psychologists of Ontario for quality assurance

To maintain your confidentiality, if we encounter each other in a public or private setting, I will not initiate contact. Rather, I will leave any initiations up to you based on your comfort level.

***Privacy Policy***

The nature of psychological services involves sharing personal information with your therapist, including demographic information. My practice is run in compliance with the Federal privacy legislation about the collection, use, and disclosure of personal information, the steps taken to protect that information, and your right to review personal information. I have taken the necessary precautions to ensure the safety of your information, whether electronically or on paper.

In administering my practice, I make use of a secure, web-based practice management system to store and manage my client records. This includes information such as client appointments, billing documents, session notes, contact details, and other client-related information and documents. The system I use is encrypted, has servers exclusively located in Canada (Toronto and Montreal), and access to the system is granted only on an as-needed basis and governed by my strict confidentiality policy. Additionally, all practice data in the system is routinely backed up to insure the privacy and protection of sensitive client information and to assist me with PHIPA compliance.

***If You Need to Contact Me***

I may not always be immediately available by telephone. Telephone messages can be left at any time and I will return them at my earliest convenience. Please only use email for scheduling issues. Phone messages are checked during daytime hours. Should you have an emergency or crisis, and I am not immediately available, you or your family members should call the Ottawa Distress Centre at (613) 238-3311, go to the nearest hospital with an emergency room, or call 911 if you are in danger.

***Request For Services***

My signature below indicated that:

* I have reviewed the information on this form and have been given the opportunity to ask questions which have been answered to my satisfaction.
* I agree to Dr. Sarah Bellefontaine collecting, using, and disclosing personal information about me as described above and as set out in her privacy policy.
* I hereby give consent for psychological services with Dr. Sarah Bellefontaine, C.Psych.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist`s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Consent to Release and Exchange Information with Family Physician (Optional)***

My signature below indicates that:

* I consent to my clinician releasing and exchanging pertinent care related issues with my family physician as needed. This consent will be applicable for 6 months subsequent to the date of my signing and I am aware I can revoke this consent at any time.

Client Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_