

## **Service Agreement for Counselling/Therapy Services**

**The Therapist:** Eugenia Lehmann is a Registered Social Worker with a Bachelor of Social Work Degree and Candidacy in Master's of Social Work. She has worked in the Social Services Field for over 30 years and has specialized in counselling for the last 7 years. Eugenia is a member of the Manitoba Association of Social Workers, Canadian Association of Social Workers, Canadian Mental health Association and the Canadian Counselling and Psychotherapy Association.

**Therapy Expectations:** Though there are no guaranteed outcomes in therapy, it has proven to be an effective manner in which to resolve problems in one's life. Therapy expectations vary from individual to individual. At the initial session the therapist and client/s discuss what they hope to obtain from treatment and what their goals are for the future. This is the starting point of therapy from which both individual/s and therapist move forward. Throughout the entire therapeutic process, goals and expectations may be re-visited and restructured as needed. As therapy can be a very rewarding and fulfilling experience it can also be a difficult and challenging process to go through, it can at times involve hard work both within sessions as well as from session to session. You can expect the therapy sessions to be a safe, private and confidential environment in which to work through your challenges, that is free from discriminating against age, sex, race, ethnic background, religion, disability, sexual orientation, relationship status or political affiliation. At any time, you may ask questions about your treatment, postpone the process and/or terminate therapy.

**Confidentiality:** At times the therapist may consult with a supervision team, other Health practitioners, and/or Service providers in order to provide clients with the best possible care. If a need for this type of communication shall arise, clients will be notified prior to consultation and written permission will be obtained from clients by way of a Release of Information Form.

The therapist shall protect your privacy and confidentiality by not sharing information obtained during therapy without your written permission, except for the following circumstances:

**Child Welfare:** We are required by law to report engagement or disclosure of child abuse/neglect and/or any involvement with child pornography.

**Threats of Harm:** We are required by law to report if you do or say something that indicates a risk to the life or safety of yourself and/or onto someone else, including but not limited to, vulnerable populations ie, children, elderly or people with disabilities.

**Justice System:** We are required by law to comply and share information, if your records are subpoenaed by the court system.

Should you meet the therapist in a social situation, the therapist will follow your lead, and interact accordingly. He/she will respect your privacy, "pretend" you have not yet met and/or will not reveal to anyone the nature of your relationship unless the client wishes to. Should a social situation become ongoing, the therapist will discuss with you in session how to proceed to avoid any potential conflicts.

**Therapist Availability:** Should you require your therapist's assistance outside of your appointment time, you may leave a confidential voice mail message at 204-667-1091 or email at [info@eugenielehmann.ca](mailto:info@eugenielehmann.ca). If urgent assistance is required and the therapist is not available, consider calling the Klinik Crisis line (204-786-8686) or going to your nearest hospital.

**Session Times and Fees:** Sessions are \$110/hour (Therapy is not taxed in Manitoba) and can be paid upon booking an appointment (via online) or at the time of the session.

Treatment sessions of an hour include 50 minutes of in-session time with the remaining 10 minutes allotted for the therapists' preparation, re-scheduling, collecting payment, report writing and/or administration.

Phone calls, letters, complex emails, court appearances and other consultations needed for the clients' treatment process or upon clients request or will be negotiated at current rate.

You will receive a receipt at the time of payment. This document will specify session dates, fees for service, and payments received. Social Work Services are tax-deductible – please keep your receipts.

Counselling and/or Therapy Services are **not** covered by Manitoba Health or by Social Assistance programs. However these services are covered by some third-party private health insurance policies. It is the client's responsibility to find out whether services are covered by their insurer or not. Clients are responsible for fee payment and submitting necessary forms for reimbursement to their insurance company. Insurance companies may require clients' be referred to treatment by a physician or health practitioner. Insurance companies usually offer a maximum amount of coverage per year, and/or may only reimburse for a portion of the fees.

**Cancellations:** Time is valuable for both the therapist and the client. The therapist has set aside the clients time slot and is committed to that appointment time. The therapist will ensure that clients' sessions start and end at the allotted time. Equally clients are expected to value the therapists' time, should clients need to change or miss an appointment, they are asked to please provide at least 48 hours notice prior to the session. If 48 hours notice prior to changing or missing an appointment is not provided, client will be responsible for paying the full rate of the session. Prior to first session, clients are required to provide their credit card information to therapist. This information will be kept secure and will only be used if the client's appointment is missed or cancelled without 48 hours notice.

Credit Card type: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Credit Card Expiry Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

This policy is to assure fairness towards therapists and other clients. Missed appointments are rarely included in coverage. Clients remain responsible for any fees related to their missed appointments and/or appointments cancelled without 48 hours' notice.

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I have read and understood all the above information. I have had a chance to review this information with the therapist. I agree to all the conditions outlined above and freely consent to begin therapy.

Client (sign/print) \_\_\_\_\_ Date \_\_\_\_\_

Client (sign/print) \_\_\_\_\_ Date \_\_\_\_\_

Client (sign/print) \_\_\_\_\_ Date \_\_\_\_\_

Client (sign/print) \_\_\_\_\_ Date \_\_\_\_\_

I have defined and fully explained the above information to the client(s) and to the best of my knowledge the information provided was clearly understood.

Therapist's Signature \_\_\_\_\_ Date \_\_\_\_\_