



Nancy Bothwell, EdD
Registered Psychotherapist, RMFT
Nancy Bothwell Psychotherapy Services

WELCOME TO PSYCHOTHERAPY

Whatever the reason for attending psychotherapy, it is helpful to think ahead of time about what you want to accomplish during our sessions. Our work together requires intention and comes with its own rhythm, pace, and processes - sometimes people feel worse before they feel better. Change can happen in a moment, or slowly over time. Please ask any questions you might have about your experience.

As a Registered Psychotherapist, I view my role as facilitator who strives to work collaboratively in finding alternatives and/or solutions for your concern(s). I enjoy working experientially, drawing upon training in gestalt therapy. I believe it is through new experiences in relationship that we most readily change and grow. Courage, care, curiosity, and connection are tenets of my practice.

Know that you may attend sessions alone or invite a friend, relative, or partner to join us. Please let me know ahead of time, so I can plan for and use the time wisely.

People choose the courageous act of psychotherapy for a variety of reasons. It is important that you feel comfortable and talk openly. Know you can choose again if I am not a good fit for you. I am open to hearing feedback, positive and constructive, about your experience.

CONFIDENTIALITY: All the information gathered and recorded, for the purpose of providing continuity and quality service, is stored securely and remains confidential. The Personal Health Information Protection Act (2004), the CRPO and CAMFT Code of Ethics govern my record keeping and disclosure policies. Records are stored securely for ten years following your final contact.

Accessing your written file are done in writing. Changes to the clinical record are made in writing, and determined by the therapist. The client request for change and result will both remain in the file.

I respectfully request any concerns be discussed directly with me and the College of Registered Psychotherapists of Ontario (CRPO) may also be contacted.

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905-319-1924 nancybothwelltherapy@icloud.com
www.nancybothwellpsychotherapyservices.com

Confidentiality means that information will be communicated or disclosed to others only with your written informed consent. Exceptions for disclosure include the following legal and/or ethical obligations:

- Knowledge or suspicion of child abuse or neglect
- Declared intent to seriously harm oneself or a specific other
- A court order or subpoena to release a file
- A need to legally defend myself against a complaint
- I am unable to continue providing service (see below)

EMERGENCIES: As my practice runs on a part time basis, I am not always available nor do I provide emergency services. In case of emergency, please call 911, your family physician, COAST (1-877-825-9011), or visit the local hospital emergency department.

INSURANCE COVERAGE: Psychotherapy services are often covered by extended health insurance plans or by Employee Assistance Programs. At this time, I am registered with Greenshield, Blue Cross, and SSQ Financial. Please check with your insurance company, human resources, or union office to learn about the availability of insurance coverage. The processing of insurance claims is your responsibility.

FEES AND PAYMENT: Fees are payable at the end of each session by cash, debit card, cheque, e-transfer, or credit card (VISA, MasterCard, American Express). A receipt will be provided for insurance or income tax purposes.

CANCELLED OR MISSED SESSIONS: To help schedule my time and provide timely service to others, it is greatly appreciated if sessions are cancelled or rescheduled well in advance. **A \$75.00 fee plus HST will be charged for missed sessions or for those cancelled with 24 hours, or less, notice.** You will not be charged when you are sick - Health Canada guidelines suggest you stay home when experiencing a fever, cough, or flu-like symptoms - due to inclement weather or an unexpected emergency. Please consider the option of a virtual session and/or rescheduling your session.

INFORMED CONSENT: I have read and understand the information presented in this document. I was provided with an opportunity to ask questions about the information.

If for any reason I am unable to provide continuing service, please contact Karen Zicari, RP, 289-838-6606, or karenzicari@gmail.com who will have access to your client record.

NAME (Print):

SIGNATURE:

DATE:

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