

MARILYN WEBB M.Ed. CCC

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CLIENT RIGHTS AND RESPONSIBILITIES DOCUMENT

CLIENT BILL OF RIGHTS:

Consumers of marriage and individual therapy services offered by marriage and individual therapists licensed by the Canadian Counseling & Psychotherapy Association have the right:

- To expect that a therapist has met the minimal qualifications of training and experience required by the Canadian Counseling & Psychotherapy Association;
- To examine public records maintained by the Canadian Counseling & Psychotherapy Association which contain the credentials of a therapist;
- To obtain a copy of the code of ethics from Canadian Counseling & Psychotherapy Association (<http://www.ccpa-accp.ca>);
- To report complaints to the Canadian Counseling & Psychotherapy Association (<http://www.ccpa-accp.ca>);
- To be informed of the cost of professional service before receiving services;
- To privacy as defined by rule and law;
- To be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- To be free from exploitation for the benefit or advantage of a therapist.

FEES AND PAYMENT:

- My standard fees are \$100 for each 60-75 minute session.
- The agreed fee for each session is \$100.
- You are responsible for making payment **on the day of your session** by cash, check or e-transfer. Checks are to be made payable to Marilyn Webb. Clients will receive a receipt for services rendered.

APPOINTMENTS AND CANCELLATIONS:

- Where possible, I offer clients a regular bi-weekly time-slot, if so desired. This slot is reserved for you and I will expect you at that time each week unless you notify me otherwise.
- **Non-emergency cancellations must be received at least 24 hours in advance of your appointment time.** Late cancellations or failure to show for a session will incur the full \$100 fee for all clients.
- Late cancellation and no-show charges **cannot be billed to your EAP or Insurance company.**

TERMINATION OF THERAPY: In the best possible scenario, therapy is terminated when both therapist and client believe the work is complete and meet for a closure session. Sometimes, however, therapy terminates for a variety of other reasons, including a lack of fit between therapist and client, a lack of fit with the therapist's treatment modalities, or simply that it is not the right time in the client's life. In these cases, I would greatly appreciate the opportunity to discuss your experience with you and send you on your way with alternative referrals. If, for whatever reason you are not comfortable doing this, please send an email or leave a voicemail letting me know that you wish to take a break from therapy so that I am not holding your slot for you.

CONTACTING ME: I can be contacted directly on **902 388 4233** or by email at **marilyn@marilynwebb.ca**. When I am with clients or away from the office, my phone typically rolls straight to voicemail, which I check regularly. Please leave a message and I will call you back as soon as I can. Due to the fact that the privacy of electronic information cannot be guaranteed, please restrict the content of all emails and text messages to administrative issues, such as scheduling and billing.

EMERGENCY PROCEDURES: For life threatening emergencies call **911** or visit you're nearest hospital emergency room. Island Help Line 1-800-218-2885.

Please note that as a solo practitioner, **I do not offer an after-hours service or coverage during vacations and holidays**. When clients go through periods where the level of support required is greater than the resources I can provide, I may require that as part of continuing under my care, they seek additional care from another licensed clinician such as a psychiatrist or group therapist. Clients entering therapy whom I deem to require greater support than I can provide will be asked to instead seek therapy from Community Mental Health.

CONFIDENTIALITY: In general, the law protects the privacy of all communication between a client and a therapist. I may only release information about your treatment to others if you sign a written authorization form. However, in the following situations your authorization is not required for me to release information:

- . 1) Therapist's duty to warn another in the case of potential suicide, homicide or threat of imminent, serious harm to another individual.
- . 2) Therapist's duty to report suspicion of abuse or neglect of children or vulnerable adults.
- . 4) Therapist's duty to report the misconduct of mental health or health care professionals.
- . 5) Therapist's duty to provide a spouse or parent of a deceased client access to their child or spouse's records.
- . 6) Therapist's duty to provide parents of minor children access to their child's records. Minor clients can request, in writing, that particular information not be disclosed to parents. Such a request should be discussed with the therapist.
- . 7) Therapist's duty to release records if ordered by a judge or bound by law.
- . 8) Therapist's obligations to contracts (e.g. providing diagnostic information to an insurance carrier or health plan.)
- . 9) Communicable disease to Chief Health Office (e.g: HIV)

Couples Therapy: When providing couples therapy, I consider myself responsible to three “clients”: Partner A, Partner B and the relationship. **In order to protect the integrity of the therapy, any information disclosed individually to me that significantly impacts the *current* status of the relationship may ultimately need to be disclosed to the partner if therapy on the relationship is to continue. Please do not send emails or leave voicemails that you would not wish your partner to be privy to.**

Interactions Outside of Therapy: Occasionally clients and therapists run into each other outside of therapy, eg: in grocery stores, restaurants, at educational institutions or conferences. My policy in these situations is to protect client confidentiality. I will not acknowledge a current or former client unless the client acknowledges me first, nor will I introduce a client to anyone that I happen to be with. In situations where we may be introduced to each other by a third party, I will behave as though it is the first time we’ve met. If, during a therapy session, you would like to discuss the handling of any potential or actual public interactions, please let me know. It is against the ethics board code and professional licensing board for any therapist to enter into an intimate sexual or non-sexual relationship, friendship or business agreement with any client. Clients in therapy or counselling are in a vulnerable position of unequal power.

Boundary violations can disrupt the therapist-client alliance and cause harm to clients. Boundary violations can disrupt professional objectivity. Licensing boards vary in the length of time required after therapy is terminated before any intimate relationship may be considered. An absolute minimum of two years is standard and many practitioners do not engage in any sexual intimacies or personal intimate friendships with former clients/patients even after a two-year interval. Therapy can be compromised if the client feels a personal relationship can develop later and the therapist always bear the burden of perceived or real exploitation of the client and thus malpractice.

Will Anyone Know I’m Coming Here for Services: I work hard to keep all information in strict confidence. However, if you have been referred by a professional, such as a psychiatrist of your family physician, we may inform the referring person/agency when you come for service and when you are no longer coming by way of a discharge summary. Client information is kept on computerized and written files.

Consultation: Periodically I consult with a small number of licensed professionals to ensure that I am offering the best services to my clients. These professionals are bound by the same rules of confidentiality, and I take great care to protect the privacy of my clients by changing identifying details.

Marilyn Webb, M.Ed.CCC operates as a sole proprietor, limited liability company. While I share office space in my Charlottetown office with other professionals, I am completely independent of their services and am fully responsible for the services that I provide to you. Please read this document carefully and discuss any questions you may have with me. When you sign, you will be stating that I provided you with this information and that you agree to abide by the arrangements outlined.

I have read, understand and agree to abide by the information above.

Client/Responsible Party: _____

Witness: _____

Date: _____