

**Kevin VanDerZwet Stafford, M.Sc. RMFT**  
**AAMFT Clinical Member & Approved Supervisor**  
Information Form and Terms of Service – 2010

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ /PostalCode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Medications: \_\_\_\_\_

How did you find me?

- Google search    other search engine    yellow pages ad    yellow pages on line  
 a friend/relative    Print ad    advertising card    my doctor    other: \_\_\_\_\_

Age and date of birth of each person attending therapy:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

## Confidentiality

All our conversations are confidential. I keep a written record of our meetings and conversations. This record is kept in a locked cabinet in my home office. I have an administrative assistant who will from time to time answer the phone, take voice mail messages, and schedule appointments.

There are five **exceptions** to the rule of confidentiality that you need to be aware of:

1. when you provide me with written permission to have information from your therapy sessions disclosed to another person(s) (eg: physician; another therapist; community agency). In this case you will sign an authorization for the release of information.
2. when you disclose to me or it becomes evident that you are at risk of injuring yourself or others (eg; suicide, assault, homicide). In this situation we need to access other resources as a means of helping to ensure your safety and the safety of others.
3. when you disclose that a child has been or is at risk of being physically, sexually or emotionally abused or neglect or, has been a witness to violence in the home. Ontario Provincial law requires that I make a report to Child and Family Services when I become aware that a child is at risk and in need of protection according to the Child Protection Act.
4. when you disclose that you have been abused by another helping professional who is a member of a profession regulated by the Health Professions Act (eg: doctor, social worker, etc).
5. when I am mandated (subpoenaed) by a court to disclose information in a legal proceeding.

## Fees

The fee is \$100.00 per hour unless otherwise negotiated. The fee includes GST. Payment is made in cash, by cheque or through PayPal.

**Cancellations require 24 hours notice.** The full fee will be billed for all missed appointments.

**NSF Cheques:** are subject to a \$25.00 bank and administration fee.

**Reports:** Statements of sessions attended are provided at no fee. All other letters, reports, and written summaries are billed. A general billing rule is \$50.00 per page.

**Home visits:** A minimum half hour travel time is billed for all out of office appointments.

## Voice Mail and E-mail

My voice mail is confidential and available for you to leave a message 24 hours per day. While I make every attempt to return your call within 24 hours, I am not always able to do so. I generally do not return calls over the weekend. E-mail is also available as means of contact. However, e-mail is not generally considered a secure means of communication and if you choose to you use e-mail you do so at your own risk.

**Appointments**

I make every attempt to begin and end your session on time. However there are times when I run over and our session will start late. If you arrive and I am still with a client please take a seat in the waiting room.

**Office Space**

My office is connected to my home. The entrance, bathroom, and therapy space is designated for the exclusive use of clients and confidential clinical work. While every effort is made to minimize sound travel from the living space above into the office space below, this is not always possible. Should this at anytime become a concern for you, please let me know.

**Parental Consent and Custody**

In situations where parents have joint custody, or where there is no custodial agreement, both parents are required to provide written consent for child(ren) children under the age of 12 to attend therapy.

**Electronic Devices**

Please turn off all pagers and cell phones during session.

**Consultation**

One of the ways that I stay accountable to you for the work that I do with you and help ensure that I am providing you with good service is by consulting with other therapists. All my consultations are done anonymously. Names of therapists with whom I am currently consulting will be provided to you upon request. *You have the right to request that no consultations of any kind take place.*

**Feedback, Concerns and Complaints**

I am open to any feedback, concerns or complaints that you may have about the service you have been receiving. I am bound by and accountable to a code of conduct and ethical practice as set forth by the American Association for Marriage and Family Therapy (AAMFT). A copy of this code of ethics is available upon request. Should you have concerns about my professionalism or ethical practice you may contact the AAMFT directly in writing or by phone:

AAMFT  
112 South Alfred Street  
Alexandria, VA  
22314-3061  
Phone: (703) 838-9808

Or the Ontario Division  
PO Box 693  
Tottenham, Ontario.  
L0G 1W0.  
Toll free: 1-800-267-2638

Please sign here, indicating that you have read and understood the information contained herein and consent to receiving therapy under these terms.

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_