



## PSYCHOLOGICAL SERVICES

Dear

First, let me thank you for choosing me for help with your problems. I intend and expect to provide you with high-quality professional services.

Your first appointment is scheduled as follows:

Day:                      Date:                      Time:

Your first appointment will take 50 minutes.

If you are unable to keep this appointment, please reschedule it at least 2 business days in advance by calling 613 264 1985.

It is common for those new to therapy to feel both eager to get going and uncomfortable about starting the process of therapy. Do not let some awkwardness keep you from beginning what you know will be in your long-term best interest. If you have some questions and you feel you need answers before this appointment, please call and let us discuss these. I hope that, as in most situations in life, you will find that if you forge ahead, your worries will soon lessen rapidly. For the first four appointments I will expect to meet with you on a weekly basis – this commitment is necessary for the psychotherapy process to be successful.

The fee for this first visit will be \$210.00. This includes \$160.00 session fee and a \$50.00 deposit for materials you will be using during the therapy process. Subsequent sessions are \$160.00, and the \$50.00 deposit will be returned to you when you are finished with the counselling materials and they are returned to my office. My office policy is that payment must be made at the time of each visit (cash, cheque or email transfer accepted). Even when you or the person legally responsible for the bill gives information about insurance coverage or other methods of payment, paying the charges for therapy is your responsibility.

Please note that my Drummond office is my home office and I ask that you arrive only 5 minutes before the scheduled session. If someone has driven you to your session they will need to make alternate arrangements for a waiting area during the time you are in session.

I look forward to a productive and successful relationship.

Yours truly,

Dr. Alia W. Offman, C.Psych



## PSYCHOLOGICAL SERVICES

### Privacy Policy

Privacy of personal information is an important principle to me. I am committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the services I provide. I am open and transparent to how I handle personal information. This document describes my privacy policies.

#### **What is personal information?**

Personal information is information about an identifiable individual. Personal information includes information that relates to: an individual's personal characteristics (e.g., age, gender, home address or phone number, education and training, family circumstances); health (e.g., health history, health conditions, health services received); or, activities and views (e.g., occupation/profession, ideas and concerns expressed by and individual). Personal information is different from business information (e.g., an individual's business address and telephone number), which is not protected by privacy legislation.

**My purposes for collecting personal information are summarized below.**

#### **About clients**

I collect, use and disclose personal information only in order to provide psychological services to my clients. For example, I collect information about a client's history, including family history, physical condition and function and social situation in order to help assess what their mental health needs are, to advise them on their options and then to provide the psychological services they choose to have. A second primary purpose is to obtain a baseline and ongoing record of psychological functioning so that in providing psychological services I can monitor treatment progress and identify changes that occur over time.

In some situations, the primary purpose of collecting personal information would be to conduct an assessment to provide a professional opinion about the individual's psychological functioning. With the client's consent, the opinion would be reported to the appropriate person or agency, for example, an insurance company, Workplace Safety and Insurance Board, psychological/legal reports, Children's Aid Society and rehabilitation companies.

It would be rare for me to collect or disclose personal information without the client's expressed consent, but this might occur in an emergency (in this case the client would be notified in writing as soon as possible) or if we believe the client would consent if asked and it is impractical to obtain consent (e.g., a family member passing a message on from our client and we have no reason to believe that the message is not genuine).

#### **About member of the General Public who call for information about our services**

For members of the general public, my primary purposes for collecting personal information (e.g., contact numbers) is to make them aware of the range of psychological services I provide and to make arrangements with them for these services.

## **Here are some additional reasons why I collect personal information**

Like most business, I also collect, use and disclose information for purposes related to or secondary to my primary purposes. The most common examples of these related and secondary purposes are as follows:

- To invoice clients for services that were not paid for at the time, to process payments or to collect unpaid accounts.
- Psychologists are regulated by the College of Psychologists of Ontario who may inspect my records and interview my clients as a part of their regulatory activities in the public interest. The College of Psychologist of Ontario has its own strict privacy policy.
- The cost of some services provided I provide to clients is paid for by third parties (e.g., private insurance, WSIB, automobile insurance, First Nations and Inuit Branch, Canadian Forces, CUPE). These third-party payers often have your consent or legislative authority to direct and collect and disclose to them certain information in order to demonstrate client entitlement to this funding (e.g., Canadian Forces identification card, First Nations identification).

## **Protecting Personal Information**

I understand the importance of protecting personal information. For that reason, I have taken the following steps:

- Paper information is either under supervision or secured in a locked or restricted area
- Electronic hardware is either under supervision or secured in a locked or restricted area at all times. Encryption and passwords are used on computers.
- Paper information is transmitted through sealed, addressed enveloped or boxes by reputable couriers or Canada Post
- Electronic information is transmitted only to people and agencies that have a privacy policy.
- I am trained to collect, use and disclose personal information only as necessary to fulfil my duties and in accordance with this privacy policy.

## **Limits to protection of private information**

Limits to the protection of private information include: legally mandated disclosure to Children's Aid Society, College of Psychologists of Ontario and Court orders to release information, search warrants for a file in a criminal or a legal case, and subpoenas.

## **Retention and destruction of personal information**

I retain personal information for some time to ensure that I can answer any questions you might have about the services provided and for my own accountability to external regulatory bodies.

- Clients or other individuals I deal with may have questions about my services after they have been received. I also provide ongoing services to many of my clients over a period of months or years for which my previous records are helpful. I retain my client information for a minimum of ten years after the last contact to enable my ability to respond to these questions and provide these services. The College of Psychologists on Ontario also requires me to retain client records. For clients who are seen before the age of 18, records are retained for ten years following their 18<sup>th</sup> birthday.
- I do not transfer or self client records.
- I destroy electronic information by deleting it and, when the hardware is replaced or discarded, I ensure that the hard drive is physically destroyed. Alternatively, I may send some or the entire client file to the client. Personal information that is not part of the permanent client file is shredded.

### **You can look at your information**

With only a few exceptions, you have the right to see what personal information I hold about you. All you have to do is put the request in writing. I will also help you try and understand any information you do not understand (e.g., abbreviations, technical language, etc.). I may need to confirm your identity before providing you with access. I reserve the right to charge a fee for such requests. If I cannot give you access, I will tell you within 30 days if at all possible and tell you the reason, as best I can, as to why I cannot give you access.

If you believe there is a mistake in the information, you have the right to ask for it to be corrected. This applies to factual information and not any professional opinions I may have formed. I may ask you to provide documentation that my files are wrong. Where I agree that I made a mistake, I will make the correction and notify anyone to whom I sent his information.

### **Do you have a question?**

If you have any questions about this information please do not hesitate to ask me.

This policy is made under the Personal Information and Protection and Electronics Documents Act.

For more general inquiries, the Information and Privacy Commissioner of Canada oversees the administration of the privacy legislation in the private sector. The Commissioner also acts as a kind of ombudsman for privacy disputes. The Information and Privacy Commissioner can be reached at: 112 Kent Street, Ottawa ON K1A 1H3; Phone: 613 995 8210 or 1 800 282 1376, fax: 613 947 6850, TTY: 613 992 9190; [www.privcom.gc.ca](http://www.privcom.gc.ca)



### **Consent for the collection of personal information**

I understand that to provide me with psychological services my psychologist will collect some personal information about me (e.g. home telephone number, address, personal concerns).

I have reviewed Dr. Alia W. Offman's Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information, and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policy and they have been answered to my satisfaction.

I understand there are some rare exceptions to these commitments.

I agree to Dr. Alia W. Offman C.Psych collecting, using and disclosing personal information about me as set out above and in Privacy Policy.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## PSYCHOLOGICAL SERVICES

### General Information

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This brochure answers some questions clients often ask about any therapy practice. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

- This brochure talks about the following in a general way:
  - What the risks and benefits of therapy are.
  - The goals of therapy and what my methods of treatment are like.
  - How long therapy might take.
  - How much my services cost, and how I handle money matters.
  - Other important areas of our relationship.

After you read this brochure we can discuss, in person, how these issues apply to your own situation. This brochure is yours to keep and refer to later. Please read all of it and mark any parts that are not clear to you. Write down any questions you think of, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end.

### Explaining psychological services

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a therapist carefully. I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

I offer clients psychotherapy based in Mindfulness Integrated Cognitive Behaviour Therapy (MiCBT). MiCBT offers a practical set of evidence-based techniques derived from mindfulness training together with principles of Cognitive Behaviour Therapy (CBT) to address a broad range of psychological disorders and general stress conditions. It is a four-stage therapeutic approach which integrates mindfulness and some of the basic principles of cognitive behavioural therapy (CBT) in order to help people improve the way they feel and change unhelpful behaviours. MiCBT helps people make changes in a different way to CBT. While CBT attempts to change maladaptive behaviour by modifying people's unrealistic thoughts and beliefs, MiCBT tries to help people learn to develop control over the processes that maintain the unrealistic thoughts and beliefs through mindfulness training. MiCBT helps change the process of thinking, not just the content of our thoughts. The MiCBT program generally requires about 8 to 12 sessions, but it may finish after 6 sessions or may also be extended as long as necessary, depending on the problem we intend to address or the skills we wish to develop. Sessions are best held weekly or biweekly for optimum progress and clients are expected to commit to this timeframe.

By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you want to make.

Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviours. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best

results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no “magic pills.” However, you *can* learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

For the first month of therapy (approx. 3-4 sessions) I will expect to meet with you on a weekly basis. This initial time commitment is essential to success in the early stages of the psychotherapy process. After that, we meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often make such a “time out” be more helpful.

### **Clients and client concerns**

I work with adult individuals over the age of 25.

The reasons that clients come for counselling are as varied as clients themselves. Someone does not have to be crazy or mentally ill to come for counselling. People come to counselling for problems with moving on or getting over things in life. Many of the clients I see describe themselves as being anxious, stressed out or depressed. Sometimes clients have difficulty explaining why they have come or what they would like out of counselling. Whatever the reason for counselling what is important is that you have asked for help. During the counselling process you are able to say absolutely anything without an expectation of criticism or judgement.

*Sometimes psychological problems have a physical basis. For this reason it is important to see your family doctor to help rule out any physical basis for your emotional problems. If you haven't already done so, I encourage you to make an appointment with your family physician for a physical exam, including a blood test for liver and thyroid functioning, as well as blood sugar and hemoglobin. During the counselling process I may also consult with other specialists if there is an indication that you may benefit from their care.*

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

### ***The Benefits and Risks of Therapy***

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in your community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets



may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

### **Confidentiality**

Confidentiality is of utmost importance. It is an integral component of our services. All information, discussed in sessions, will be kept confidential, with the exception of specific legal and ethical limits (see below). Information is released only with the client's written consent and only to those individuals in need of information in order to provide care to the client.

The following are exceptions or limits to confidentiality in counselling as required by law.

- If there is a danger of the client seriously hurting oneself
- If there is a danger of the client seriously hurting someone else, the individual at risk from harm will need to be alerted
- If there is any indication that a child is at risk from sexual, physical, emotional abuse and/or neglect, the Children's Aid Society will need to be notified immediately
- In some cases, a file could possibly be subpoenaed by the court
- In the case where a client has been abused by a health professional

### **Fees policy**

The fee for a session of 50 minutes is \$160.00.

The fees charged for counselling follow the guidelines set by the Ontario Psychological Association (OPA). The fee for ongoing psychotherapy or counselling is considerably lower than the OPA fee schedule. Generally clients pay for their sessions at the end of each visit. In this way, the account remains manageable and counselling becomes a part of your weekly budget. I suggest you make out your check before each session begins, so that our time will be used best.

Fee increases usually occur annually depending on a number of factors. Therefore, clients in long-term therapy over a period of years can expect occasional small increments (\$5 to \$10) in fee per session.

*Unless you cancel **2 business days** before a session you will be charged for a missed session. I expect that your psychotherapy will become one of your top priorities. This will be reflected in your determination to come to sessions even when it is difficult and to handle your account responsibly. There are objectively very few reasons for which an appointment must be canceled. If there are dangerous driving conditions (i.e., school buses cancelled) or you are physically ill then I will waive the missed appointment fee. I*



*request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide.*

If you have insurance that reimburses you for psychotherapy expenses, I will issue or sign any document that you require for submission to your insurance company. I do not accept cheques directly from the insurance company or submit your claim on your behalf. You are responsible for your account.

An account that has had no payment made against it for 30 days will be charged interest at the rate of prime plus 1% per annum. An account that has no payment made against it for three months and arrangements to pay it have not been made, will be put to collection. This action is an absolute last resort, and is an extremely serious step, not taken lightly.

It is my view that non-payment of an account is a therapeutic issue. A client that has neglected their responsibility for payment is endangering his or her psychotherapy. It is frequently part of an overall destructive pattern in the client's life and as such, must be discussed and understood. The rules of payment here are made to protect the client and doctor relationship, without which the counselling process is impossible.

### ***About Our Appointments***

The counselling process starts with the completion of the forms in this package. I ask that you carefully read and complete these forms prior to the first session. In the first session, I will take time to go over these forms with you and answer any questions you may have. The very first time I meet with you, we will need to give each other much basic information and this will be the focus of our first session. Following this we can schedule meetings for both your and my convenience. I will tell you at least a month in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

### ***In case of emergency***

I cannot promise that I will be available at all times. I am only in my office on a few days a week and I usually do not take phone calls when I am with a client. You can always leave a message on my answering machine, and I will return your call when I am in my office next.

If you have a behavioural or emotional crisis and cannot reach me immediately by telephone, you or your family members should call local hospital emergency room or 911.

If you do enter the hospital, I will continue to help you in any way that I can. However, at this point you become the responsibility of the attending physician and my rights, responsibility and accountability end. Your psychotherapy with me ends and you may or may not want to resume it later. If you do wish to resume services with me, we must be discussed this in light of the limitations inherent in the private practice context and what types of support you need.

### ***What to Expect from Our Relationship***

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the College of Psychologists of Ontario, or the College. In your best interests, the College puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, provincial laws and the rules of the College require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “Confidentiality” section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behaviour will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the College’s standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

Even though you might invite me, I will not attend your family gatherings, such as parties or weddings. As your therapist, I will not celebrate holidays or give you gifts; I may not notice or recall your birthday; and may not receive any of your gifts eagerly.

### **A bit about me**

I am a registered psychologist with the College of Psychologists of Ontario (CPO) (1246 Yonge St., Ste 201, Toronto ON K1P 5P4, 416 961 8817). Registration as a psychologist in Ontario requires a doctorate degree in psychology from a recognized university; a one year supervised postdoctoral experience and passing written and oral examinations. I completed by B.A. and M.A. at the University of Ottawa and received my Ph.D. in Psychology from Carleton University.

I approach counselling as a life affirming process. I tend to work with the systemic causes that are underlying people’s symptoms and help them to change the way they think about themselves, their families and that larger community. My process is grounded in mindfulness meditation a practice that I have found very beneficial in my own life. My goal is to help clients be honest with themselves and to gain insight into their problems. I believe that this honesty and insight leads to positive emotional expression. I believe that this new perspective opens the doors to new coping strategies and the reduction of mental health concerns.

I also have a love for teaching and research in psychology. The majority of my work has focused on adult populations, studying such diverse areas as workplace productivity, the effects of discrimination on health, communication in intimate relationships and the effects of relationship violence on self-esteem. As a contract instructor at Carleton University I have taught a variety of courses including the Psychology of Women, Human Sexuality, Honours Project course and Mindfulness and Well-Being.

Working within the community has always been important to me. I volunteer in our community school offering the Mindful Schools Program. For many years I volunteered with Planned Parenthood and in 2003 I was recognized for my work in the field of human sexuality and was awarded the Norman Barwin Scholarship from the Planned Parenthood Federation of Canada. Additionally, I engage in continuing education with the MiCBT Institute in Australia and I am a founding Co-Director of the North American Chapter of the MiCBT Institute.

### **If you have any questions**

Please feel free to ask me any questions about any aspect of your psychotherapy or any other aspect of your experience in counselling.

## ***Our Agreement***

I, \_\_\_\_\_, the client, understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this form. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this form. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name



# Intake Assessment Form

Please provide the following information and answer the questions below. Please note; **Information you provide here is protected as confidential information.** Please Fill out this form and bring it to your first session.

Today's Date: \_\_\_\_\_

## GENERAL INFORMATION

Name:

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle Initial)

Name of parent/guardian (if under 18 years):

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle Initial)

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender [ ] Male [ ] Female

Address: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City)

Home Phone: (     )     May we leave a message     Yes ☐ No ☐

Cell/Other Phone: (     )     May we leave a message     Yes ☐ No ☐

E-mail: \_\_\_\_\_

\*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): \_\_\_\_\_

Cultural Considerations: \_\_\_\_\_

Religion: \_\_\_\_\_

Education

High School: \_\_\_\_\_

(Where)

(Last grade completed)

(Graduated? Y or N)

Post High School Education:

Explain:

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Is or was school performance a concern for you?

If yes, explain:

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Marital Status

☐ Single

☐ Married

☐ Divorced

☐ Separated

☐

Never

Years Married: \_\_\_\_\_

Years Divorced: \_\_\_\_\_

Are you currently in a romantic relationship? \_\_\_\_\_

If yes, for how long? \_\_\_\_\_

On a scale of 1-10 how would you rate your relationship? \_\_\_\_\_

What significant life changes or stressful events have you experienced recently? \_\_\_\_\_

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Children:

Name	Age	Sex	Occupation or Grade	Living with Client	Biological, Adopted, or Step

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Your Brothers and Sisters:

Name	Age	Biological, Adopted, Or Step

Other Household Members

Name	Age	Relationship to Client

Who currently lives in your household?

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Describe your relationship with:

Parents: \_\_\_\_\_

Siblings: \_\_\_\_\_



Extended Family Members: \_\_\_\_\_

Husband/Wife/Significant Other: \_\_\_\_\_  
\_\_\_\_\_

Your Children: \_\_\_\_\_

### ***Health History***

Primary Physician: \_\_\_\_\_

Primary Physicians Address: \_\_\_\_\_

Primary Physicians Phone: \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Please List Allergies if Any \_\_\_\_\_

Have you previously received any type of mental health services (Psychotherapy, Psychiatric services, ECT.)?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, when and where?

\_\_\_\_\_  
\_\_\_\_\_

List any support groups you have attended in the past or presently:

\_\_\_\_\_  
\_\_\_\_\_

Was support group attendance helpful?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescription medications?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please list:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been prescribed psychiatric medication?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please list:

\_\_\_\_\_  
\_\_\_\_\_

## **GENERAL HEALTH AND MENTAL HEALTH INFORMATION**

\*How would you rate your current physical health? (Please circle)

Poor              Unsatisfactory              Satisfactory              Good              Very Good

Please list any specific problems you are currently experiencing: \_\_\_\_\_  
\_\_\_\_\_

\*How would you rate your current sleeping habits?

Poor              Unsatisfactory              Satisfactory              Good              Very Good

Please list any sleep problems you are currently experiencing: \_\_\_\_\_  
\_\_\_\_\_

How many times per week do you generally exercise? \_\_\_\_\_

What types of exercise do you participate in? \_\_\_\_\_  
\_\_\_\_\_

Please list any difficulties you experience with your appetite or eating patterns: \_\_\_\_\_  
\_\_\_\_\_

Are you currently experiencing overwhelming sadness, grief, or depression?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, approximately how long? \_\_\_\_\_

Are you currently experiencing anxiety, panic attacks, or have any phobias?

If yes, when did you begin to experience this? \_\_\_\_\_  
\_\_\_\_\_

Are you currently experiencing any chronic pain?

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are any physical characteristics or body image a concern? Explain:

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Is sexual functioning an area of concern for you? Explain:

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***Substance Use***

Do you drink alcohol more than once a week? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, how often? \_\_\_\_\_

Is alcohol an area of concern for you? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain:

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How often do you engage in recreational drug use?

Daily\_\_\_\_\_ Weekly\_\_\_\_\_ Monthly \_\_\_\_\_ Never\_\_\_\_\_

Is recreational drug use an area of concern for you? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain:

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***Family Mental Health History***

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member’s relationship to you in the space provided (father, grandmother, uncle ECT.).

	Please Circle	List Family Member
Alcohol/Substance Abuse	yes/no	
Anxiety	yes/no	
Depression	yes/no	
Domestic Violence	yes/no	
Eating Disorders	yes/no	
Obesity	yes/no	
Obsessive Compulsive Behavior	yes/no	
Schizophrenia	yes/no	
Suicide Attempts	yes/no	



## ***Abuse History***

Have you experienced physical, sexual or emotional abuse? Yes\_\_\_\_ No\_\_\_\_

If yes, explain\_\_\_\_\_

## ***Legal History***

Do you have a history of any legal charges? Yes\_\_\_\_ No\_\_\_\_

If yes,  
explain\_\_\_\_\_

Are you currently on probation or parole? Yes\_\_\_\_ No\_\_\_\_

If yes,  
explain\_\_\_\_\_

Is treatment court ordered? Yes\_\_\_\_ No\_\_\_\_

## ***Employment***

Are you currently employed? Yes\_\_\_\_ No\_\_\_\_

If yes, what is your current employment situation?

\_\_\_\_\_  
\_\_\_\_\_

Do you enjoy your work? Is there anything stressful about your current work?

\_\_\_\_\_  
\_\_\_\_\_

## ***Additional Information***

What do you consider to be some of your strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be some of your weaknesses?

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What would you like to accomplish out of your time in therapy?

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Is there anything else you feel we should know, or that you are concerned about?

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X

Signature of Person Completing Form

## Limits of the Therapy Relationship: What Clients Should Know

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Psychotherapy is a professional service I can provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client *only*. If we were to interact in any other ways, we would then have a “dual relationship,” which would not be right and may not be legal. The different therapy professions have rules against such relationships to protect us both.

I want to explain why having a dual relationship is not a good idea. Dual relationships can set up conflicts between my own (the therapist’s) interests and your (the client’s) best interests, and then your interests might not be put first. In order to offer all my clients the best care, my judgment needs to be unselfish and professional.

Because I am your therapist, dual relationships like these are improper:

- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.
- I cannot provide therapy to people I used to know socially, or to former business contacts.
- I cannot have any other kind of business relationship with you besides the therapy itself. For example, I cannot employ you, lend to or borrow from you, or trade or barter your services (things like tutoring, repairing, child care, etc.) or goods for therapy.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

There are important differences between therapy and friendship. As your therapist, I cannot be your friend. Friends may see you only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist’s responses to your situation are based on tested theories and methods of change. You should also know that therapists are required to keep the identity of their clients secret. Therefore, I may ignore you when we meet in a public place, and I must decline to attend your family’s gatherings if you invite me. Lastly, when our therapy is completed, I will not be able to be a friend to you like your other friends.

In sum, my duty as therapist is to care for you and my other clients, but *only* in the professional role of therapist. Please note any questions or concerns on the back of this page so we can discuss them.

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### HANDOUT 1. Patient handout on limits of the therapy relationship.

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## The Rights of Clients

1. You have the right to decide not to enter therapy with me. If you wish, I will provide you with the names of other good therapists.
2. You have the right to end therapy at any time. The only thing you will have to do is to pay for any treatments you have already had. You may, of course, have problems with other people or agencies if you end therapy—for example, if you have been sent for therapy by a court.
3. You have the right to ask any questions, at any time, about what we do during therapy, and to receive answers that satisfy you. If you wish, I will explain my usual methods to you.
4. You have the right not to allow the use of any therapy technique. If I plan to use any unusual technique, I will tell you and discuss its benefits and risks.
5. You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. There are some situations in which I am required by law to reveal some of the things you tell me, even without your permission, and if I do reveal these things I am not required by the law to tell you that I have done so. Here are some of these situations:
  - a. If you seriously threaten to harm another person, I must warn that person and the authorities.
  - b. If a court orders me to testify about you, I must do so.
  - c. If I am testing or treating you under a court order, I must report my findings to the court.
6. If I wish to record a session, I will get your informed consent in writing. You have the right to prevent any such recording.
7. You have the right to review your records in my files at any time, to add to or correct them, and to get copies for other professionals to use.



PSYCHOLOGICAL SERVICES

### Email use agreement

**Name:**

**Email address**

By signing below, I agree that Dr. Alia W. Offman may use my email address for the following purposes:

- ☐ Appointment reminders and bookings
- ☐ Cancelling and rescheduling appointments
- ☐ Information related to billing and payment

By signing below,

1. I agree to the use of my email address for the purposes checked above.
2. I acknowledge that email is neither secure nor confidential, therefore I will not use it to communicate for other than administrative purposes.

*I am aware that I can revoke permission to communicate with me by email purposes listed above at any time. Dr. Alia Offman will not share my information with anyone.*

**Signature:**

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**Date:**

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## PSYCHOLOGICAL SERVICES

### How to pay for sessions online

You can now pay for your sessions online using *Interac e-Transfer*. **If you are interested please:**

- Send transfers to [alia.offman@self-balance.ca](mailto:alia.offman@self-balance.ca)
- If you are asked for a security question please use “What is the capital of Nova Scotia?” with the answer “Halifax”
- Complete the transfer before the session so a receipt can be issued at the end of the session.
- Follow the steps below to set up your *Interac e-Transfer*.

To send an *Interac e-Transfer*:

Login to online or mobile banking at a participating financial institution

- Choose *Interac e-Transfer* within the Transfer/Payment menu options
- Select a recipient by entering an email address and/or mobile phone number
- Fill in the *Interac e-Transfer* information (dollar amount, account from which to withdraw the funds, a security question that only the recipient will know the answer to and optional personal message)
- Follow the instructions to confirm the information and complete the transfer

If you haven't signed up for online or mobile banking, contact your financial institution or visit their online banking website to sign up.

### The simple way to send money directly to another person using your online or mobile banking

*Interac e-Transfer* is a simple, convenient, and secure way to send and receive money directly from one bank account to another. All you need is access to online or mobile banking through a participating financial institution, and you can send money to anyone with an email address or mobile phone number<sup>1</sup> and a bank account in Canada — without sharing any personal or financial information. It's a great alternative to cheques and cash.

### How your *Interac e-Transfer* is protected

When you send money using *Interac e-Transfer*, your money never actually travels by email or text message. Email and text messages are only used to notify the recipient and to provide instructions on how to deposit the money. Your financial institution and your recipient's financial institution transfer funds using established and secure banking procedures.