Chatrath Counselling Centre

Chatrath Counselling Centre Client Registration Form

Please take a moment to fill out our intake form before your visit. All information is kept completely confidential.

Profile Information

First Name: _____ Last Name: _____

Email: _____

Preferred Name (if different): _____ Pronouns: _____

Prefix / Title: ○ Dr. ○ Mrs. ○ Ms. ○ Miss ○ Mr. ○ Mx.

Please provide at least one phone number. Your mobile number can be used to look up your Account.

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax Phone: _____

Street Address: _____

Suite: _____ City: _____

Province: _____ Country: _____

Postal / Zip Code: _____ Date of Birth (Month / Day / Year): _____

Gender: _____ Sex (Male / Female / X): _____

Indian Status Registration Number: _____ Guardian: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Emergency Contact Relationship: _____ Family Doctor: _____

Family Doctor Phone: _____ Family Doctor Email: _____

Card on File

Chatrath Counselling Centre requires that you put a card on file for contactless payments. This helps keep both you and us safe, as well as spend more time with you, rather than taking a payment after your session. Card details are collected securely through Jane at intake — please do not write card numbers on this form.

☐ I am aware of the Cancellation Policy.

Insurance Information

Please note the name of your insurance company, the full name of the insurance policy holder (sometimes a parent or spouse holds the policy), the date of birth of the policy holder, the Group Number and Member/Certificate number. This will allow us to set up direct billing for you should you wish.

Insurer: _____

Policy Holder Full Name: _____ Policy Holder Date of Birth: _____

Group Number: _____ Member / Certificate Number: _____

Client Information

WELCOME TO CHATRATH COUNSELLING CENTRE! Counselling provides a space and opportunity for you to explore behaviour, relationships, feelings, or thoughts, which trouble you and cause difficulty in your life. Counselling is also a legitimate source of support in a crisis or during a difficult time. Counselling can bring deeper personal insight and awareness, better ways of understanding and coping with problems, and improved relationships. You should know, however, that counselling sometimes requires that you be willing to examine difficult topics or times in your

life, to experience stronger than usual emotions, and to try out new and different behaviours. If you ever have questions about the pacing / intensity of our work, please do ask your clinician and express these concerns.

For whom is this application?

○ This is for myself

○ This is for a child in my care

We are currently conducting sessions in person, however, video or phone options are also available. (Choose all that apply.)

☐ Available in person

☐ Available to have a video session (this may require prepayment by credit card or e-transfer)

☐ Available to have a phone session (this may require prepayment by credit card or e-transfer)

Private Extended Health Insurance Coverage:

☐ I DO NOT have private health insurance that covers mental health services

☐ Registered Social Worker

☐ Counsellor

☐ Psychotherapist

☐ Registered Psychologist

☐ Clinical Counsellor

Do you have status as an Indigenous person?

○ Yes (If Yes please provide your treaty number in the notes section)

○ No

By entering information in the following section, your consent for Chatrath Counselling Centre to contact you, is implied.

Preferred method of contact:

○ Email

○ Phone (I consent to leaving a voicemail)

○ Text Message

Is it okay to leave a voice mail message at the number you provided?

○ Yes

○ No

Consents

Appointment Notifications and Reminders: Email notifications of new, cancelled, and rescheduled appointments; email 7 days before appointment; email 2 days before appointment. Text Message (SMS): standard messaging & data rates may apply. Text message (SMS) 2 hours before appointment.

Parental Consent for Minor Under 16 Years Old

Please confirm which applies:

○ I confirm that no parent/guardian signature is required because I am over the age of consent (16 years or older)

○ I confirm that a parental signature is required from parents/guardians for this child who is under the age of 16 years old. (If parents are separated or divorced with shared custody two signatures are required)

Informed Consent to Participate in Therapy/Counselling Services

Counselling at Chatrath Counselling Centre involves taking part in a process of addressing personal challenges with a professionally trained counsellor, to achieve more fulfilling individual lives, or couple/family relationships. This process of change will be unique to your situation. It will consist of: clearly defining problem areas; establishing therapeutic goals; determining an intervention plan; participating in an evaluation. Successful counselling and problem resolution require your active participation, as well as a serious commitment; therefore, it should not be entered into lightly. Prior to agreeing to this process, individuals have a right to ask the counsellor about their qualifications, background, and

therapeutic orientation. In addition to a qualified counsellor, the match between client and counsellor will influence the outcomes of counselling. Clients are encouraged to voice any concerns to ensure services are best suited to their needs. To best deliver therapeutic assistance to children, individuals, couples, and families, we have developed certain policies and procedures. They are as follows in this form as additional consents. In counselling, it is your right at any time to: (a) have a review of your progress and of any of the topics in this form; (b) be provided with a referral to another counsellor or health professional; (c) withdraw consent for the collection, use, or disclosure of your personal information, except where precluded by law; (d) end the counselling relationship by so advising the clinician; (e) access or obtain a copy of the information in your counselling records, subject to legal requirements. Your right of access to or to obtain a copy of your personal information continues after the end of the counselling relationship.

☐ I certify that I have read the above information pertaining to Informed Consent to Participate in Therapeutic Services with Chatrath Counselling Centre

Privacy and Sharing of Information

If you have any questions or concerns about how MB's Personal Information Protection Act or the counsellor's personal information policies and procedures apply, please ask. I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

☐ I agree

Limits of Confidentiality

Personal information gathered in the course of counselling will be used in accordance with the purposes outlined in the paragraph above and will not be disclosed except in cases of the exceptions outlined below. Confidentiality is a key to the effectiveness of the counselling process, so the personal information you share in counselling will be kept confidential. Confidentiality continues after the end of the counselling relationship. There are, however, some exceptions to the

counsellor’s duty of confidentiality, in particular: (a) If it is the clinician’s opinion that a child or vulnerable person is or may be at risk of abuse or neglect, or in need of protection; (b) If it is my opinion that you or another person is at clear risk of imminent harm (c) If I am called to speak in legal matters where keeping confidentiality would be in contravention of the law (d) I occasionally discuss my work with other clinicians through supervision. While I may disclose information for the purpose of a professional consultation, your identity will remain confidential.

☐ I acknowledge that I have read the statements regarding confidentiality and I understand the limits of confidentiality as outlined above.

Session Fees Structure

Session fees range in cost dependent on multiple factors including but not limited to duration of appointment, third party billing assigned and approved rates, billing arrangements, clinician designation/credentials. Your session rate will be included in your welcome email that you will receive when you are assigned to a specific clinician. Sessions are to be paid upon completion of each session unless third party billing arrangements have been made in advance. We accept cash, cheque, Visa, MasterCard, and e-transfer as forms of payment. An administration fee of $25.00 will be added to any NSF (non-sufficient funds) cheques. Subsequent sessions cannot be scheduled without payment receipt of previous appointments.

Initials: _____

Client Insurance Responsibility

It is the client’s responsibility to enquire with their insurance providers to determine if services will be covered. By initialing, client acknowledges they have been advised and encouraged to enquire with insurance provider prior to beginning services to ensure coverage. Contract counsellors with Chatrath Counselling Centre will have varying credentials under the mental health profession. It is the client’s responsibility to enquire with their individual insurance companies to determine if their session with any counsellors associated with Chatrath Counselling Centre.

☐ I confirm that I have read the above clinic position on extended health insurance and I understand that it is my sole responsibility as the client to enquire and ensure prior to first session that my policy will cover sessions held for my reimbursement.

Appointment Scheduling and Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Clients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee at full session rate plus GST (if applicable).

☐ I confirm that I have read, understand and am aware of Chatrath Counselling Centre's Cancellation Policy.

Case Note Technology Use

Many clinicians within the Chatrath Counselling Centre team use AI technology tools from Clinical Notes AI or Jane AI Scribe during sessions to assist in summarizing and documenting the session for use as file case notes. I understand and acknowledge that this technology helps to capture and analyze the content of a session conversation to create accurate clinical notes, allowing a clinician to focus more on care and treatment planning. The information is securely stored in accordance with HIPAA, PIPEDA and PHIPA and will not be shared with a third party. Recordings made from within these AI Tools are secure and never stored on external devices. This innovative approach helps streamline documentation, supporting better healthcare outcomes.

○ I have read the above policy information and consent for my clinician to use the support of AI technology as a part of my care.

○ I have read the above policy information and do not consent for my clinician to use the support of AI technology as a part of my care.

Termination of Therapeutic Process

Clients have the right to terminate counselling at any time. However, we encourage discussion with the therapist so that sufficient closure can take place. Please note that, due to Chatrath Counselling Centre policy and practice limiting involvement with legal involvement specific to child custody disputes, we cannot provide service involving minor children actively involved in legal custodial proceedings unless each parent signs off on our Terms of Engagement with full awareness that the child is the client of the clinician and that clinicians do not speak opinion on child custody matters. Parents will notify the clinician immediately upon any custodial/access proceeding initiated to be sure that the appropriate Terms of Agreement forms are signed.

Initials: _____

Concerns or Complaints

If you have a concern about any aspect of your counselling, you are requested to first address it with your clinician. If this is impossible or unsafe, or if your concern is not resolved through discussion, you may contact the applicable association(s) dependent on your clinician's membership in writing at: Canadian Counselling and Psychotherapy Association https://www.ccpa-accp.ca/ccpa-ethics-complaints-forms/ 202–245 Menten Place Ottawa, ON, K2H-9E8; Manitoba College of Social Workers https://mcsw.ca/complaints-and-conduct/complaints-process/ 101 – 2033 Portage Ave. Winnipeg, MB R3J 0K6; College of Registered Psychiatric Nurses of Manitoba https://crpnm.mb.ca/public/making-a-complaint/ 210 Commerce Drive Winnipeg, MB R3P 2W1.

Initials: _____

No Inside Clinic Waiting Area & Supervision of Children

Please note that due to the size and layout of our clinic we cannot accommodate anyone waiting in the entrance way for reasons of protecting confidentiality. Chatrath Counselling Centre requires children under the age of 12 to be supervised by an adult. This means that children under the age of 12 will be in the care of their clinician (when attending individual sessions). Parents of younger children in

session are asked to wait in their vehicle in the clinic lot if possible or to be within 5 minutes return to the clinic should their child need them. When adults are attending sessions (either their own individual, relationship or in with their child who is in session) they will have to plan for children or adults not immediately involved in the therapy appointment to not be present within the clinic when session is underway.

Initials: _____

Respectful Workplace

Please note that Chatrath Counselling Centre is committed to a positive environment in which all individuals (staff and clients) are treated with compassion, respect, and dignity. Abuse and harassment in any form (verbal, emotional, physical, sexual) will not be tolerated and may result in a termination of services. We reserve the right to refuse services.

Initials: _____

Crisis Services

Emergency services are not provided by Chatrath Counselling Centre. If you need immediate assistance, the following are some resources available: KLINIC Crisis Line at 204-786-8686; Crisis Stabilization Centre at 204-940-1781; Youth Crisis Stabilization System at 204-949-4777; Manitoba Suicide Line at 1-877-435-7170. If you are experiencing a mental health emergency, please call 911 or attend your nearest local emergency department.

Initials: _____

Signature: _____ Date: _____

Printed name: _____