



Licensed Counselling Therapist

**CONTRACT FOR COUNSELLING SERVICES -
COUPLES COUNSELLING & EDUCATIONAL PROGRAM**

ADVANCED PROGRAM- 10 SESSIONS/5 MONTHS

WELCOME! I am pleased to work with you and hope the following information will enable you to make an informed decision about my services. This means I want you to understand the services I hope to provide you, the cost involved, the payment process, and what I do with the personal information I obtain about you.

Please read carefully to the very end and if you have any questions don't hesitate to ask. I will review the important elements of this form during our first session before you sign the contract.

CONFIDENTIALITY

I will respect your confidentiality at all times. No information that you disclose will be communicated to a third party, outside of my office, without your written, informed consent.

Exceptions to confidentiality include the ethical, or legal obligation to:

- Inform a potential victim of violence of a client's intention to inflict harm.
- Inform an appropriate resource person of a client's intention to end his/her life.
- Appear in court and/or release a client's file if subpoenaed by a court of law.
- Inform the appropriate government office of suspected abuse or neglect of a child.
- Inform any Health Service Governing Body of a report of sexual assault by one of their members.
- Consult professionally on your case when needed (with no identification of names or other specific recognizing details)

**Please note that by signing this document, you are informed that my office administrator will be able to see your names when you purchase my counselling program, or when they have to fix technical problems in your online account. My office administrator is subject to the same confidentiality statement as found in this contract.*

ETHICAL USE OF EMAILS

Correspondence by emails between client and therapist is not always a secure venue to respect confidentiality. Hence this mode of communication will be limited to a 'as needed' basis as per requirements of my code of ethics. Any discussions of our 'in session' conversations will be done by phone if needed between sessions. You have a right to refuse communication by email.

Do you give permission to Tina Sirois-LeBlanc to communicate with you by email as discussed?



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YES _____ NO _____ Email address to use: _____

**** Please add my email to your contact list to ensure you receive my emails:**

Tina@Betteryourself365.com

TYPE OF COUNSELLING APPROACH

The type of therapy I use, “Emotionally Focused Therapy”, has been supported by research as effective, and most people find it helps to strengthen their relationship. However, it may not always be comfortable – increased awareness of feelings, recalling unpleasant memories, facing difficult thoughts, and sharing these with your partner. **If at any time you feel uncomfortable please let me know and I will adjust the pace accordingly.** I will endeavor to explain the purpose and methods of the therapy, and also encourage you to ask about anything I suggest. You also have the right to refuse any of the procedures I suggest. As well, there are risks: Major decisions about the relationship are sometimes made while in counselling, including the decision some couples make to separate. These results are legitimate outcomes of therapy and can happen as you take a close look at your life.

TREATMENT APPROACH

At this time, you have chosen to work with me for couples therapy under my **Advanced Program** (10 sessions/5-months) contract to ensure accountability, commitment and a thorough educational experience combined with couples therapy. This means that you pre-pay & pre-book for the following services and commit to the process below:

- From the month of _____ and _____, you commit to attending **10 bi-weekly couples therapy sessions** with me for a duration of 90 minutes each.

*Please note my **cancellation policy** that respectfully asks for **24-hours’ notice to change a pre-scheduled appointment.** Failure to provide 24-hours’ notice generally results in another person not being able to use that time and makes it more challenging to find a new appointment time for you because my schedule will be full. Because of this, I charge \$160 for a session that has a late cancellation that was NOT an emergency.*

- Occasionally I may feel the need to see one or both partners for an **individual session** to assess some information at a deeper level. Since these individual sessions **do not fall within this 10 sessions contract**, an extra hourly fee of \$160 would apply.
- **At session 7**, I will take time to review the status of our work together and any blocks that could negatively impact our success. Additional resources and advice will be offered at this time as needed. This might include, for example, a recommendation for one or both partners to access individual therapy as we keep working on the relationship. Issues such as untreated mental health problems and/or addictions, discoveries of the impact of



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past trauma, or childhood emotional neglect may surface through the process of couples therapy and need to be addressed for the couple to reach their stated therapy goals.

OPTIONS AFTER THE COMPLETION OF OUR CONTRACT

Since every couple is different and responds at different speeds, there are occasions where some couples feel like they need more therapy after their contract is done. Here's the process we can follow at that point:

- We will discuss together the remaining incomplete goals you have and how many more sessions might be needed to reach your goal. If it's just one or two additional sessions we can then book those remaining sessions with an additional hourly rate of \$160 (or \$240 for 90 minutes). However, if more long-term maintenance therapy is needed, I will need to refer you to a different therapist since I only do short-term therapy in my business. If this is the case, I will certainly work collaboratively with your next therapist to facilitate the transition process as smoothly as possible.

NEED FOR EMERGENCY TERMINATION

- In case of a medical or other unforeseeable emergency that prevented the clients to continue with their contract, arrangements to continue the unused sessions at a later date will be considered as a preference to a refund.
- In case of a rupture in the working alliance between the client(s) and the therapist, all efforts will be made to mend that relationship in an effort to continue supporting the couple in their goal as a preference to automatically wanting to stop and get a refund.
- In case of a couple 'breaking-up' during our work together, options of ongoing support will be considered as a preference to a refund for the unused sessions. On-going support that I can provide to the couple is separation counselling to help with the communication and processing of the grief in that process. Or, an alternative could be to use the rest of the pre-paid sessions in the contract for individual therapy with one partner (or both in unique situations).

In the rare occasion where none of these alternatives are suitable for the couple, a full refund for the unused sessions that were pre-paid will be granted within 7 work days of the agreed upon decision.

PAYMENT FOR SERVICES

My fee for the **Advanced Program** (10 session/5-month) is \$2400.00, taxes included.

Payment for services is due upon registration and can be paid in full in one payment, or divided in 2 payments (1/2 upfront at registration, a second payment mid-way through the program). A receipt for the total amount paid will be issued upon payment. In addition to this, a receipt will



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be given at the end of each therapy session to reflect the breakdown of each session fee. **Please retain these receipts for your insurance or income tax claims, if applicable.**

**Please note the following two details if you choose the 2 payment plan option:*

- 1- An administration fee of \$100 will apply, and
- 2- Our secure online payment program **DOES NOT RETAIN** credit card information after your first installment, so you will need to write down your credit card information here to give me permission to manually input your second installment mid-way through your program.

IF YOU ARE DOING 2 INSTALLMENTS ON YOUR CREDIT CARD, please make sure to write down your credit card information below as such, or indicate that you prefer I call you to get the information:

Name on card: _____

Card Number: _____

Expiry Date: _____

Security Code in back: _____

Postal Code: _____

By signing this contract, I give permission to Tina Sirois-LeBlanc, to charge my credit card for the amount of _____, on the following date _____.
An email will be sent to inform me once the payment has been taken.

INSURANCE COVERAGE

Counselling services are not covered by New Brunswick Medicare, but may be partially or completely covered by extended health insurance. The coverage for each carrier is different so please check your plan to see what the amount of coverage is for counselling services by a **Licensed Counselling Therapist**. Also check on the number of sessions covered, the claim procedure, and details required on receipts. I do not participate in direct billing to any health insurance plan, so it is your responsibility to bring in your receipts to get reimbursed.

Please note that the portion you pay for the educational component of this program will likely not be covered by your extended health insurance plan.

OTHER FREE ON-GOING SUPPORT PROVIDED

As part of my Better Yourself 365 business I co-own with my husband (who's also a therapist), we offer multiple sources of on-going support that you might be interested in (some of these are ONLY accessible to couples who have worked with me in therapy).



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- 1- A **bi-weekly article** that we write and send out by email. These emails offers additional tips, strategies, resources, and motivation to Better Your Health and Better Your Relationships.

Would you like Tina Sirois-LeBlanc to add you to her weekly newsletter she sends out as part of her support to individuals and couples.

YES _____ NO _____

If yes, specify which email(s) to use: _____

**** Please add our business email to your contact list to ensure you receive the newsletter:**
Info@Betteryourself365.com

- 2- Please note that you are also able to **join our Better Yourself 365 Facebook Group** where we are very present in offering additional support to individuals who want to improve their relationship. You can ask to join the group by going to this link:
[HTTPS://WWW.FACEBOOK.COM/GROUPS/BETTERYOURRELATIONSHIP](https://www.facebook.com/groups/BETTERYOURRELATIONSHIP)
- 3- Get access to our **Live Facebook Conversations** from our BY365 Facebook Business page, where we address a new topic each Live, helping you stay focused on improving your health and your relationships with your partner and your teenage kids.

*Like our Facebook page at this link to access our live conversations:
<https://www.facebook.com/BetteYourself365>

Subscribe to our You Tube channel to get access to all training videos we've done in the past and get notification when a new video is ready to be viewed:
<https://www.youtube.com/channel/UC-St1TACQ6Bo69Of8NyggYg>

- 4- A **monthly Live Q&A sessions** with me and my husband on Zoom to offer continued support to couples who purchased programs with us. During these calls we address questions and offer new information each month. You will be sent a notice by email of the upcoming session and be asked to register ahead of time.

**** Please add our business email to your contact list to ensure you receive the reminders of the monthly Q&A sessions:** Info@Betteryourself365.com

OFFICE CLOSURES

My private practice office will be closed during the following dates every year:



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- 1 Week in late February OR early March
- 6 weeks during the summer (From the first week of July to mid-August)
- 2 weeks during Christmas break

LOCATION OF APPOINTMENTS

Typically clients have a choice of 2 formats for their counselling sessions:

1. Online through a confidential video platform – Zoom for Health Care Professionals, or
2. In person at my office- 281 Queen Street, Fredericton NB

CONSENT FOR TREATMENT

I agree to Tina Sirois-LeBlanc collecting, using and disclosing personal information about me as described above. I agree to participate in the services I have discussed with her as described in this contract.

SIGNATURE _____ DATE _____

PRINTED NAME _____

SIGNATURE _____ DATE _____

PRINTED NAME _____