

# psychotherapy services

disclosure and consent form

## Professional Qualifications

Rahim Thawer is a registered social worker with the Ontario College of Social Workers & Social Service Workers and the Manitoba College of Social Workers. He holds a Masters of Social Work degree from the University of Toronto (2011) and has undertaken additional training in psychodynamic treatment, cognitive behavioural therapy, and Gestalt methods.

Ontario CSWSSW Registration #819571 | Manitoba CSW Registration #5201

## Dual Relationships

As a therapist that is an active member of the LGBT2SQ+ community, Rahim commits to discussing potential conflicts of interest, privacy issues, and concerns related to boundary crossings throughout the therapeutic relationship. These conversations can also be initiated by the client and are welcome.

By signing below, I agree that I have read, understood and accepted the terms of this agreement.

## Provision of Service

I agree to participate in psychotherapy services with Rahim Thawer, MSW, RSW and give him permission to complete required assessments and document progress notes following each session. These notes will be stored in a secure system.

## Virtual Therapy

I understand that using email can never been 100% secure despite all efforts. I can take steps toward protecting my own personal health information by limiting content shared over this platform.

Video conferencing software is fairly secure but requires a commitment from the therapist and client in order to be maintained. I understand that any type of recording—including audio/video and visual screenshots—of the virtual session compromises the integrity of services being offered.

I understand that virtual counselling does not replace in-person care in case of acute crisis, and agree to seek care in an Emergency Department as necessary.

### **Confidentiality**

I understand that all services provided by my therapist are confidential. My psychotherapist will obtain my written consent prior to releasing any information except where required by legislation or directed by the courts. Such exceptions may include reporting to child welfare agencies, suspected child abuse or a child in need of protection; informing someone in a position of authority if you, the client, are at imminent risk of ending your life or harming others; or, providing information as directed by the courts through subpoena, search warrant, or other legal order.

### **Billing**

I will be invoiced electronically at the end of each session and will pay electronically on receipt or at the end of the month.

### **Cancellation**

I understand that if I need to cancel or reschedule an appointment, I must provide 24 hours' notice by phone or email. Providing notice less than 24 hours will result in a cancellation fee.

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Client Signature

### **ADDITIONAL INFORMATION - required**

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Legal Name

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Chosen Name (if different)

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Pronouns

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Date of Birth

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Phone #

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Address

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City

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Email Address