

Jennifer van Kessel, MSW, RSW

Clinical and Forensic Social Worker
Dandelion Consulting

Client Information Form

Client(s) Name(s):	
Date of Birth:	Age:
<i>minor...</i>	
Name of Guardian:	Relationship to client:
Address:	
City:	Postal Code:
Phone:	
Can a personal voice message be left on your phone(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email Address:	
Please indicate below if you would like to receive appointment reminders and by which communication method: Email: <input type="checkbox"/> Phone: <input type="checkbox"/> Either: <input type="checkbox"/> I prefer not to be contacted for reminders <input type="checkbox"/>	
Past experiences with therapy or assessment:	
How did you hear about our services?	

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Reason for referral:

*s. Should the client be covered for
to obtain information about how many sessions will
orker are eligible.*

The following section is only for referrals from **Department of Community Services** and the **Criminal Injuries Counselling Program**.

Referring Agency (Check One):

Department of Community Services Criminal Injuries Other

Name of Social Worker/Case Worker:

Fax:

Phone:

Email Address:

Name & Email Address of person the invoice should be sent to:

Same as Above Other:

Are there other service providers and/or clinicians involved with this client? If so, please provide their names, notes and any relevant clinical reports on a separate document.

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Mental Health Services Agreement

Confidentiality

In providing you with services such as assessment and therapy, it is very important that you speak openly and honestly with your therapist in order to obtain the most benefit from the service. In order to encourage this openness, your therapist agrees to keep information that you share confidential. This means that the information you share in the course of assessment or therapy will not be shared with anyone without your consent. However, in order to ensure your safety, the safety of other vulnerable people and in other unique and unusual circumstances, an exception will be made to this confidentiality agreement. These are the situations that could require your therapist to share pertinent information with another party:

- 1) If you present a risk of safety to yourself or others, this may be reported to others who can ensure or maintain your safety or the safety of others.
- 2) If you disclose knowledge that yourself or another person under the age of 16, a person who is unable for reasons of age or disability to self-protect may be at risk of abuse, this will be reported to the appropriate child or adult protection agency.
- 3) If you sign a release of information for a third party such as a physician, social worker, lawyer, insurance company etc., the information required by the third party will be released as requested.
- 4) If your file is subpoenaed by a judge.

Information for Parents

If your child is receiving services, please understand that all attempts to include you in treatment will be made. In most cases, however, your older child / youth retains the legal right to consent to treatment and can also refuse to accept treatment or engage in treatment that includes their family.

Your child or youth's therapist will ensure confidentiality, except in the situations described above. The benefit of maintaining confidentiality in this way is similar to the benefit obtained by adults who are ensured confidentiality by their therapist and assists in ensuring the best possible benefit from services.

Other Information About Psychotherapeutic Services

- 1) Your therapist is professionally required to keep records of contacts with you. These records will be kept in a secure, locked filing cabinet.
- 2) There is a fee for private mental health services. The rate for services is \$150.00 for one session for an individual, \$165.00 per couples session, and \$175.00 per family session. Each session lasts for approximately 60 minutes. **Methods of payment that we accept**

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are: Visa, MasterCard and Debit. Exact cash will be taken if the other options are not available to you. Unless you have made other payment arrangements with Administration, your payment will be taken at the beginning of the session and you will be provided with a receipt that may be used for reimbursement by your Health Insurance Plan. Your plan must cover psychotherapeutic services delivered by a social worker in order to claim these benefits.

- 3) Health plans will not cover the costs of missed appointments. You will be responsible for payment of missed appointments that are not cancelled within 24 hours of the scheduled time. If your appointment is on a Monday, cancellation of the appointment should be made by the end of the business day on Friday.
- 4) Your therapist is not able to provide emergency mental health services. In these cases, you should contact your family doctor, the emergency department of your hospital or call 911 for urgent/ emergent assistance.

Client Name:

Client Signature:

Signature of Legal Guardian (If Applicable):

Date:
