



Sofia Lopoukhine, MA
Counselling and Psychotherapy

CLIENT NAME: _____

ADDRESS: _____ AGE: _____

TELEPHONE: *Home:* _____ *Office/Cell:* _____

EMERGENCY CONTACT INFORMATION:

(Name) _____ (Relationship) _____ (Tel #) _____

This form describes the policies of Sofia Lopoukhine, MA in Counselling and Spirituality. Please read through this document and feel free to ask questions before making an informed decision to engage in counselling and psychotherapy.

Your needs

Welcome. As we begin our counselling relationship, I would like you to know that I will use an integrated and experiential approach as your therapist. This means that, depending on your unique situation, I will draw from a range of psychotherapeutic approaches to help facilitate the meaningful change you seek. Your therapy experience will be tailored to your needs and your challenges in order to achieve greater life fulfillment.

My clients

I work with individual adults (+16) in all phases of life - from people in their early adulthood facing anxiety over their new independence, middle-aged people experiencing too much stress from work and family-life, and those in their golden years adjusting to retirement and the aging process. I am interested in working with clients who suffer with chronic pain who would benefit from having a compassionate listener who empathizes with the constant struggle of living with physical pain.

Process of therapy

A typical individual counselling and psychotherapy session lasts 50 minutes. Together we will set and work towards the goals and objectives for your therapy. I deeply believe in every person's potential to make both incremental and fundamental changes in their perceptions, behaviour, relationships, and life-long patterns. This process of change is not always easy, but together we will navigate the sometimes choppy waters to get to the calm. During this process, you may encounter some difficult emotions or memories and may find things feel worse before they get better. This is the point when people sometimes back away from the counselling process and that is always your choice; you may choose to pursue other avenues on your own such as reading books, attending support groups; however your struggles could continue.

Our mutual participation

Together in this counselling relationship we each play an important role with our own rights and responsibilities. I will ensure that you receive and understand all the relevant information needed to engage in ongoing treatment. I ask that you speak openly, ask questions and actively participate. An important part of your participation is in regular attendance, prompt communication on the rare occasions when you cannot attend, and payment after each appointment. Payment is a symbol of your commitment to the exciting process of your personal growth.

Fees, payment and cancelled appointments

Please note that a mutual agreement on fees will be made during the initial appointment or phone call. My services are not currently covered by insurance. I ask that you pay the entire cost at each session by cash or cheque. You will receive a receipt for your sessions for your financial records that can be used for health expenses on your income tax. If it is necessary to cancel an appointment, please give me **24 hours' notice**. If appointments are missed or cancelled too often and with inadequate notice a cancellation fee may be charged. You can reach me or leave a confidential message at 613-710-2658.

Confidentiality

Confidentiality is of utmost importance and is an integral component of the process of therapy. All information discussed in sessions will be kept confidential, with the exception of specific legal and ethical limits (see below). Personal information is released to a third party only with your written consent and only to those individuals in need of information for your care.

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

- 1. If there is a danger of the client seriously hurting him/herself**
- 2. If there is a danger of the client seriously hurting someone else, the individual at risk from harm will need to be alerted;**
- 3. If there is any indication that a child (under 16 years old) and/or an elderly person (over 65 years old) is at risk from sexual, physical, emotional abuse and/or neglect**
- 4. In some cases, a file could possibly be subpoenaed by the court or reviewed by a regulatory body**
- 5. In the case where a client has been sexually abused and/or harassed by a health professional, a report must be made to the appropriate college (e.g., College of Physicians and Surgeons)**
- 6. In Supervision meetings, where I meet with Jan Christensen on a monthly basis to review my client case load. She will maintain and hold some identifying information about you.**

Supervision

I am supervised by Jan Christensen, an experienced Registered Psychotherapist accredited and recognized by the Canadian Counselling and Psychotherapy Association (CCPA). She provides me with feedback in working with my clients in regular clinical supervision sessions. If you are dissatisfied or have questions concerning your treatment, you can also discuss this with Jan (Registration number 001696). She can be reached at (613) 315-1299, 451 Daly Avenue, Ottawa, Ontario Canada K1Y 4V1.

Other professionals

Keeping in mind your specific needs, I may suggest that other mental health professionals are more appropriate for a specific treatment and I will refer you to those professionals after having discussed the situation with you. Also, if you are currently being seen by another mental health professional and would like us to consult with one another, we can only do so if you have given us both written consent to do so.

Your file

I keep my clients' confidential information about our sessions in a locked file and you have the right to see your file with a written request.

**Please don't hesitate to ask if there is anything you would like further explained or clarified.
I look forward to accompanying you in this process of growth and healing.**



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CONSENT FORM

This form is to be used for any client 16 years of age and over.

Requesting Services

I, _____ have read the information outlined in this document including the ethical issues of confidentiality and the limits to confidentiality. I understand these policies, and have had an opportunity to discuss them with my therapist. I am requesting the following service:

Individual Counselling and Psychotherapy |

Agreement on Fees

The agreed upon fee per session is: \$ _____

I agree to these conditions and wish to begin counselling and psychotherapy.

Signature of Client: _____ *Date:* _____

Signature of Counsellor: _____ *Date:* _____