

Intake Form



MENTAL HEALTH & ADDICTION
SERVICES OF OTTAWA

Date: _____

Assigned To _____

Personal Information

Patient Name: _____

Age: _____ Birth Date: ____/____/____ Gender: _____

Address: _____

City: _____ Prov: _____ Postal: _____

Telephone (Cell): _____

Telephone (Home): _____

Telephone (Other): _____

Email Address: _____

Occupation: _____

Referral Source: _____

Medical Doctors: _____

Emergency Contact: _____

Reason for Referral

Please identify your primary concern:

History:

Permission to E-mail updates: Y / N

Permission to E-mail/Text appointment reminders: Y / N

Insured: Y / N Insurance company: _____



MENTAL HEALTH & ADDICTION
SERVICES OF OTTAWA

Mental Health & Addiction Services of Ottawa

200-1489 Merivale Road.
Ottawa, ON K2E 5P3
P: 613-225-7272 F: 613-225-6767
info@mhaso.ca – www.mhaso.ca

Welcome to Mental Health & Addiction Services of Ottawa. We would like to take this opportunity to explain several things about the services we provide.

Our mental health and addiction counselling service is provided according to the needs of each client. We work together as a team, and will work with the client's other healthcare providers as required. This may be the family physician, other community-based services, treatment centres or the school.

Each professional at MHASO has significant experience and training working with children, youth, young adults and families. Each belongs to a College or Association that governs their practice and sets the standards of care and ethical conduct. You are encouraged to ask the counsellor you are working with to share with you what memberships they have and what training they have received.

MHASO follows the privacy requirements of the Personal Health Information Protection Act, 2004. We have attached a copy of our Privacy Policy. Please take time to read how we use and endeavour to protect your personal information.

Nicole LeBlanc is supervised by Dr. Brenda Saxe. You may request phone contact with the supervisor at any time, and you or your counsellor may initiate such contact. The supervising Clinical Psychologist is responsible and accountable for the planning, direction, and review of all services provided to the client. All clinical files are the property and responsibility of Nicole LeBlanc, and once contact is finished the physical file must reside with the supervisor. She can be reached at 613-231-7170.

Your Appointment:

Typically, each scheduled appointment will last 50 minutes. Please provide **at least 24 hours notice** if you need to cancel or re-schedule your appointment. If you do not show up for a scheduled appointment **you will still be billed for the full appointment.** This appointment time has been reserved for you and it cannot be filled without sufficient notice.

At this time, you have agreed to pay \$140.00 per 50 minute session for counselling services. Fees for testing, documentation, letters, or any other specialized service will be agreed upon prior to any of these services being provided.

Payment is due at the end of each session and can be paid by cash, cheque, debit, or credit.

There will be a \$4.00 service charge PER SESSION when paying by Credit Card.

Should you have any questions or concerns that cannot be answered by your counsellor, please contact Shontelle Prokipcak or Raymond Walli at 613-225-7272.

Client Name: _____

Date: _____

Signature: _____



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Privacy Policy

At MHASO we are committed to upholding client confidentiality and protecting personal health information.

Confidentiality:

All of our services are confidential. We cannot disclose any of your personal information without your implicit consent. You should know that information from your counselling sessions may be shared with other members of our team here at MHASO in order to provide you with the best care possible.

There are exceptions to confidentiality wherein your counsellor has a legal duty to take action; your counsellor will do their best to notify you if one of these situations occurs. These exceptions include: if your counsellor becomes aware of abuse or neglect of a child under 16 years old; if you disclose imminent thoughts of harm to yourself or someone else and if your counsellor's clinical notes get subpoenaed by a court.

Collection of Personal Health Information:

We collect personal health information about you either directly from you or from a person acting on your behalf. The information we collect about you may include, for example, your name, date of birth, address, medical history, records of your counselling sessions and the supports or recommendations you have received during your interactions with MHASO.

Occasionally, we collect information about you from other sources if we have obtained your consent to do so or if the law permits.

Each therapist at MHASO is responsible for their individual client files. They must retain files as per their college, PHIPA, and clinical supervisor's regulations. Ask your therapist how they comply with these regulations with your personal health information.

Use and Disclosure of Personal Health Information:

Unless you tell us otherwise, we may use your personal health information to:

- *Communicate with your various health care providers, including your family physician, in order to treat and care for you;*
- *Plan, administer and manage internal operations;*
- *Conduct risk management and quality improvement activities;*
- *Teach, conduct research, and compile statistics;*
- *Comply with legal requirements*

If we plan on using your personal health information for any other purpose, we will ask your permission.

You have the right to:

- *Request access to your personal health information;*
- *Request a correction to your personal health information if it is inaccurate or incomplete;*
And
- *Withdraw your consent for some of the uses and disclosures above (subject to legal exceptions).*

I, _____, acknowledge that I have received and reviewed this document, and am aware who my therapist is.

Client Name: _____

Counsellor: _____

Signature: _____

Date: _____



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Email, Internet, Cell Phones and Texting

At MHASO we are committed to upholding client confidentiality and protecting personal health information.

Each counsellor at MHASO is responsible for their individual client files. They must secure and retain files as per their college, PHIPA, clinical supervisors and government legislation for the privacy rights of individuals. We encourage you to ask your counsellor how they comply with these regulations to secure your personal health information.

While we endeavour to keep all conversations with you private there is inherent risks in using technology and thus we feel it is our obligation to warn you of these risks and request informed permission from you to communicate with you via technology.

We at MHASO welcome the use of email and texting to book appointments. This information is deleted once the service is provided. The booking of appointments is not considered a part of your clinical file and therefore it is not put into the clients file.

Some risks associated with the use of technology: we at MHASO have no way of knowing who has access to our client's emails, computers, tablets or cell phones. If you are using these to communicate with your counsellor please keep in mind that you may wish to protect your personal information by using pins and passwords, encryption or by deleting texts and emails once you have completed the communication.

At MHASO we have passwords on all of our technology and limit the access of the technology to only those who are allowed to by law to see the information. We back up our data using encrypted saving devices and secure clouds. We keep all of our sensitive information locked as

per privacy laws, respective college regulations, PHIPA and do regular checks to ensure everyone in our office is complying to these regulatory bodies.

Please answer the following questions to inform us how you would like to use your technology to communicate with your therapist and with our administrative staff:

I consent to the use of my email for scheduling appointments with MHASO Administrative Staff and with my Counsellor YES or NO X _____

I consent to the use of my email for updates and newsletters from MHASO and my counsellor YES or NO X _____

I consent to the use of my text or my email for appointment reminders YES NO X _____

I consent to MHASO or my counsellor leaving a voice mail for me at this number _____ YES or NO X _____

I may send emails or texts to my counsellor for support or advice. My counsellor will respond as soon as they are able. This is not a crisis service and therefore I understand that my counsellor may not get back to me immediately. This is not counselling and does not replace regular counselling sessions. It is a service that coaches or supports the client until their next appointment or sets up an opportunity to book a phone or face to face session if needed. I understand that there are privacy risks when sending information via email. X _____

You have the right to:

- Withdraw your consent for some of the uses and disclosures above (subject to legal exceptions).*

Client Name: _____

Counsellor: _____

Signature: _____

Date: _____