

# Ayo Akanbi, MDiv, RP

## Harmony Counselling Services

### **INFORMED CONSENT FOR COUNSELLING**

At Harmony Counselling Services, I am committed to facilitating growth and healing in the lives of my clients. I provide professional counselling and psychotherapy services for individuals, couples and families. The following information is to assist you to give your informed consent and to clearly define rights and responsibilities in the therapeutic relationship. Knowing your rights and responsibilities creates a safe framework to take risks and open yourself to new experiences. If you have any questions about this information or anything that is not addressed below, please feel free to ask.

### **Professional Qualifications**

I received my Master of Divinity (Clinical Counselling) from Tyndale Seminary, Toronto. I am a Registered Psychotherapist (RP) with the College of Registered Psychotherapists of Ontario (CRPO); Pre-Clinical Fellow, American/Ontario Association for Marriage & Family Therapy (A/OAMFT) and a member of the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP). Prior to attending Tyndale Seminary, I had Bachelor of Education degree from Lagos State University and Master of Public Administration from the University of Lagos, Lagos, Nigeria.

I am a practising Christian and a pastor with an apostolic ministry. I grew up in the Anglican Communion (Church of Nigeria). With over 15 years' experience as a pastor, I provide practical Christian based services and counselling for those clients who are comfortable with or requesting biblically based counselling. My ministry and my counselling practices stem from a redemptive approach, and together we will draw upon spiritual resources to minister the grace and truth of God through the process of discovery and recovery (sanctification).

I want to assist you in moving toward growth and healing in relation to the concerns that have led you to come to counselling. While working toward your goals is the focus of therapy, you have a right to know information about me that relates to my professional background, education and training, and perspectives on counselling. Feel free to ask questions about these areas.

### **Counselling Approach**

I am interested in the growth and healing of the whole person including spiritual, emotional, relational, vocational, behavioural, and cognitive well-being. My approach is informed by family systems theory, narrative therapy, cognitive and behaviour therapy, experiential therapy, solution focus and trauma informed studies. I am not a medical doctor and therefore cannot prescribe any medication or give advice on medical procedures. While counselling style varies with each counsellor, all counsellors will ask you for some information in order to gain an understanding of the concern(s) that you bring and will develop goals with you that will guide your time together. Goals are usually discussed together and revised every few sessions for as long as you remain in counselling. You may end therapy at any time. If possible, it would be best if you could discuss your decision with me as your counsellor, as the closure is part of the therapy process.

## **Benefits & Risks of Therapy**

The process of change has an impact on our life as well as those we are in a relationship with. You may gain a better understanding of yourself and your personal goals and values, and develop skills for improving your relationships. You may overcome a specific problem such as depression or addiction. It may be an opportunity for you to resolve relationships from your past and to heal from traumatic experiences. I will try to help you think through the implications and consequences of the changes that you are considering in your life. Changing old habits and ways of thinking, feeling and behaving often requires hard work and you may experience some feelings of discomfort along the way. While positive gains are the goal in counselling, outcomes cannot be guaranteed and it should be kept in mind that a person may change in ways that others may or may not approve.

## **Supervision of Counselling**

In order to provide competent and responsible care for my clients, ensure the quality of my services, maintain high standards, and facilitate ongoing professional development. I receive supervision from an Approved Supervisor with AAMFT (American/Ontario Association for Marriage and Family Therapy). Please ask if you want more details. I will sometimes audio or video record sessions to facilitate adequate supervision and my development so that I may provide the best service possible for my clients. Please ask if you have any questions about this.

## **Confidentiality**

Under normal circumstances, only you have the right to tell your own story and what is shared in counselling is treated as confidential and will not be shared with any office or individual outside Harmony Counselling Services without your signed consent. I will do my utmost to protect your confidentiality at all times. Individuals in couple or family counselling are responsible for their own handling of confidences shared in the group. Under some circumstances, all professionals are legally and ethically bound and free to disclose certain specific and relevant information to appropriate individuals or agencies. These circumstances include: if there is reason to believe that a client in counselling is a danger to themselves or may do harm to another person; if there is reason to believe that a child has been, is, or may be in danger of neglect or abuse; in response to a court order; or if a client reports reasonable suspicion or knowledge that a resident in a Long Term Care Facility in Ontario is suffering or has suffered harm as a result of abuse or negligence by staff in the home. In other cases, I may share specific and relevant information with appropriate organisations without your consent. These circumstances include if I have reason to believe that another counsellor has caused or is likely to cause you harm, or in a medical emergency. Or if a court has subpoenaed your records.

If you or your partner decide to have some individual sessions as part of couple's therapy, what you say in those individual sessions will be considered a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

**It is my policy not to get involved in a court action(s) around divorce and/or custody except in rare, exceptional circumstances. Hence, I require that you refrain from using any aspect of our sessions together in any court or other proceedings against your partner/spouse and/or children or ward(s).**

## **Informed Consent**

You have a right to be meaningfully informed about the counselling process. Together we will discuss counselling goals and a plan to achieve these goals. You are encouraged to ask for clarification as needed. To assist in the process, I will typically request feedback from you. This will help me know if I am on track with you and if you are getting what you need. You also will be asked to give permission for taping and supervision. With your written permission, you may allow or request information regarding your situation to be sent to or received from another person or institution to assist in counselling or other matters. In an emergency, I might not receive your informed consent before accessing additional professional care for you, if a delay could reasonably result in suffering or serious bodily harm to you.

### **Consultation**

I reserve the right at all times during the course of our professional relationship to consult with and seek supervision from my Supervisor and/or seek legal and/or other professional advice and consultations, if so doing would be of benefit to your particular situation and circumstance(s).

### **Ethical Standards**

I adhere to the Code of Ethics of the American Associations for Marriage and Family Therapy (AAMFT) and the Code of Ethics of the College of Registered Psychotherapists of Ontario (CRPO). Should you feel that an ethical violation has occurred through which you have experienced some measure of harm, you have a right to register a complaint. You may also contact the American Associations for Marriage and Family Therapy, College of Registered Psychotherapists of Ontario or the Privacy Commissioner.

### **Records Keeping**

All counselling-related material is kept in and is the property of Harmony Counselling Services and will be securely and confidentially maintained for ten years, or in the case of anyone under 18 years old, 10 years after the client's 18<sup>th</sup> birthday following the completion of the last counselling session, after which time, under normal circumstances, it will be destroyed in a complete, responsible and professional manner. You have a right to review or have a copy of any information that is contained in your client file except if this would result in a health or safety risk to you or another person. This access will be provided upon written request, in my presence or in the presence of a Harmony Counselling Services designate. I will continually/periodically record over, delete audio and video recordings, and keep them in a locked file drawer when not in use.

### **Referral**

There are times when a client may need to be referred to another professional. This may be at the request of the client or myself. There are many reasons for referral or consultation; for example, when there are signs that the client may need medical treatment or medication, for a second opinion, for areas outside my competence or if counselling is not proceeding in a satisfactory manner. You have a right to a referral to another appropriate professional(s) outside Harmony Counselling Services.

### **In my Absence**

You have a right to expect that your regularly scheduled appointments will be respected and protected from unnecessary interruptions. I will inform you in advance of any absences including vacations and will provide the names of other counsellors or personnel that may be accessed during periods of absence. Occasionally I may not be able to make a session due to sudden illness or an unforeseen circumstance. Efforts will be made to try to contact you, and if possible to set up

another appointment.

### **Active Participation**

Counselling is a collaborative venture with the counsellor and client each having a part to play. It is not a passive activity in which I attempt to solve my client's issues for them. Openness, honesty and a commitment to change are important components in the counselling process. In couple and family counselling, secrets held between individuals are counterproductive and will not be colluded with. Therefore, I ask that you consider the benefits of disclosing the secret. The exceptions to this rule would be information shared in individual counselling received before couple/family counselling was initiated or after it concluded or in situations where protection from harm is an issue.

### **Scheduling of Sessions**

I usually meet with my clients once a week for a 50-minute session. The frequency of session depends on the individual client(s). I will work with you to establish the frequency of session that will be best for you and your financial situation.

### **Fees**

My fee for a regular individual session is \$150.00 plus HST for a 50-minute session and \$200.00 plus HST for couple's therapy session of 80 minutes and \$250 plus HST for regular family therapy session of 80 minutes. Fees are payable by cash, e-Transfer or credit card (please note that credit card payment attracts a 3% transaction fee). Payments are accepted at the beginning of the session. Receipts will be produced at the time of payment. You will assume bank charges for NSF cheque. Report writing, telephone consultation, letters and form completion are billed at the rate of the service being provided. Billing can also occur in 10-minute increments for services done outside the therapy hour such as phone calls, letters and the like calculated at one-fifth the hourly rate for each 10 minutes. I will expect you to pay your outstanding bill within 30 days. If you refuse to pay your debt, I reserve the right to refer your debt to a collection agency.

Please note that Ontario Health Insurance Plan (OHIP) does not cover my fees, however, it can be claimed as a medical expense on your income tax. Regarding third party insurance coverage, some insurance companies may honour your claim. Please confirm with your insurance carrier about your mental health or extended health benefits coverage. Anyone who is self-employed should be able to claim fees as a deduction.

### **Missed or Cancelled Sessions**

If you fail to cancel a scheduled appointment, I cannot use this time for another client and you will be billed for the entire cost of your missed appointment. If you must cancel your appointment, you are asked to please notify me either by telephone call or email at least 24 hours in advance. You will be charged for all sessions that are missed or cancelled with less than 24-hour notice. Occasionally it is understood that an emergency may arise such as a sudden illness or death in the family that may necessitate cancellation with less than 24 hours' notice.

### **Length of therapy**

You are the one that decides when therapy ends. This is usually when you feel that you have made satisfactory progress. This could be in a few sessions or in several years. You have the right to stop therapy at any time without further financial obligations, except for those already incurred.

In some instance, I reserve the right to terminate therapy. I will do this at the end of a specific number of sessions that was set to address a problem. Alternatively, if I feel that, I cannot help you due to limitations in my training and or if new issues arise during the course of our work together, that is outside the scope of my competence. I will inform you of this and will refer you to a therapist who may be best suited to meet your needs.

In the event that you verbally or physically threaten or harass my office staff, my family or myself, I will terminate my services to you effective immediately.

### **To Contact me**

If you need to contact me, I may usually be reached at 647-236-2961. In the event that you are unable to speak directly with me, please leave a voicemail message. I will make every effort to return your call within two business days.

### **Emergency Situations**

If you need emergency service concerning emotional, psychological or mental health, please go to your local crisis centre or hospital emergency department. The Durham Distress Centre (905) 431 2522 or 1-800-452-0688; York Region Community Crisis Response Service 1-855-310-COPE (2673), Toronto Distress Centre 416-408-4357 or Dial 911.

### **Regarding Email Messages**

Email is not a secure or confidential medium, while I do what I can to keep your communication private, I cannot guarantee that your email will remain confidential. For your privacy, do not include any sensitive or personal information in email communications. If you are concerned in any way about your email being read by someone other than me, please consider other methods of reaching me. A copy of any emails received from you and any response I send to you will be printed out and kept in your treatment record.

### **Boundary Issues**

I take every precaution not to compromise my professional relationship with you to avoid overlapping of roles and dual /multiple relationships. I do not indulge or socialise with my current clients or former clients on Social Media.

### **Feedback**

Counselling is a collaborative effort between you and I, you have the right to refuse anything that I might suggest to you at any time, and you may seek a second opinion. In the event that you are unhappy with my service, I hope you will talk to me about it so that I can respond to your concern. Your opinion is important to me and will help me continually improve client care.