



Megan Jane Counselling

Megan Jane Funk, M.A., CPC

Counselling Terms of Service

Please review the information below and address any questions or concerns with me before signing.

The counselling process is a *collaborative helping relationship* committed to supporting you to discover ways to face and overcome some of life's challenges. My goal is to come alongside with validation, encouragement, and empowerment as you work to restore balance in your life and well-being.

General Outline of Sessions:

1. Intake: Paperwork, get to know each other, outline concerns and goals.
 - Note: An additional intake is necessary therapy involving clients under age 16.
2. Strengthen Coping & Self-Care: Outline current skills and build on them as needed.
3. + Address Concerns: Identify effects and roots, problem-solve, heal and restore balance and stability.

Mode of Therapy:

Most sessions / meetings are available via in-person, virtual, or phone with the exception of MIG which requires in-person.

Booking:

- Amount: As many sessions as deemed necessary by me as the counsellor and you as the client, and/or the third-party contract.
- Length: 1 full session = 50-60 minutes and 1 half session = 25-35 minutes.
- (Please have transportation ready to pick you up 50 minutes after the start time).
- Time slots 1.5 hours of time will be booked for every full session to allow time for collaborative care (connecting with parents, third-parties, and/or other support members) and admin (booking, payment, notes, and prep for your next session).
- Methods: 1. Directly with therapist; or 2. By text, phone, or email.
- Siblings: I can see siblings providing each sibling is okay with having the same therapist. To minimize any sibling rivalry, my policy is to see siblings on different days than each other. For scheduling purposes, a regular time slot can be put aside for you as a family and the siblings can then alternate as needed.

Fees: All fees include GST and are payable by Cash, E-Transfer, or Cheque the same day services are provided. More services cannot be scheduled if 2 invoices are outstanding.

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|-------------------------|---------------|-------|---------------|------|
| • Parent-Child Sessions | Full Sessions | \$110 | Half Sessions | \$60 |
| • CFS & VS Clients | Full Sessions | \$110 | Half Sessions | \$60 |

- Individual Sessions Full sessions \$100 Half sessions \$55
- Consultations \$30 / 20 min
- Phone Calls & Emails \$1 / min (for anything more than 15 min)
- Letters & Reports \$60 / 30 min of writing
- Missed & Late Cancelled First Half session rate subsequent Full session rate

Cancellation & Rescheduling Policy:

All sessions must be cancelled or rescheduled with a minimum of 24 hours' notice, without such notice a missed or late cancellation fee will be applied. Third parties may have their own policies and clients may be billed by the therapist accordingly. If illness occurs, it is recommended that the session be kept and switched to a virtual session if possible.

Third-Party Coverage:

Clients are responsible to ensure that funding is approved and available, *and if not, clients are responsible for full payment.* Invoices can be directly billed by therapist to these third-party payers: Great West Life Disability Management, Blue Cross, CFS, and MB Justice Victim Services. If your provider is not listed, a receipt will be provided for you to submit to them. The expenses can also be claimed on your income taxes as other medical expenses.

Termination:

You have the right to terminate the counselling relationship or ask for a referral at any time, however I encourage you to talk to me about your decision first so that we can set up other possible supports for you and/or so I know what I can change and improve on as a therapist.

In Case of Emergency:

Contact your doctor; Southeast Mobile Crisis Service (1-888-617-7715); Crisis Stabilization Unit (1-855-320-1096); or 911.

Communication Outside of Session:

I have limited availability outside sessions for questions and concerns. If you feel the need to provide updates outside of session, please be advised that I will use my professional discretion to decide what to do with the information provided. Generally, unless otherwise discussed, I will make sure to read the email prior to the session then address it in and/or after the session. If you have extensive information to share, I encourage you to book additional time to discuss it.

I _____ and I _____ have read, understand, and agree to the above terms of service.

Client Signature _____ Date _____

Parent(s) Signature _____ Date _____

Signature _____ Date _____