

LAURA LEE COPELAND, MD, MBA, FACEP

Get Well Clinic
649 Sheppard Ave West
Toronto, ON, M3H 2S4
Phone: 416-508-5691



INFORMATION AND CONSENT FOR TREATMENT

Welcome to the practice of Dr. Laura Copeland, Emergency Physician Practicing in Psychotherapy. This document contains important information about my professional services and business policies. Please read it carefully.

After you have reviewed this document, if you agree to the policies and procedures described, please sign it and return it to me. If you have any questions, please let me know at the beginning of the session so that we can discuss them. When you sign this document, it represents an agreement between us and it will become part of the Clinical Record.

PSYCHOTHERAPY SERVICES

Psychotherapy varies depending on the particular problems you bring as a client and the orientation and approach of the therapist. It is therefore important that you take care in selecting a therapist that fits your style and goals. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a general treatment plan. During this time, we can both decide if I am the best person to provide the services you need to meet your therapy goals. At the conclusion of the evaluation, referral to a more appropriate therapist may occur.

If we agree to initiate psychotherapy together, I will usually recommend one 46 minute or 76 minute session every one to two weeks for individual therapy. I frequently use Supportive Therapy, Cognitive Behavioral Therapy or Mindfulness Based Cognitive Therapy. These therapies involve jointly setting treatment goals and weekly agendas, and discussing the techniques to be used as part of the treatment. There are many different cognitive and behavioral techniques that may be helpful in dealing with the problems that you hope to address. If you have any questions about my procedures, we should discuss them whenever they arise. Psychotherapy calls for an active effort on your part. In order for the therapy to be most successful, it is recommended that you work on things we talk about both during our sessions and at home.

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Psychotherapy can have benefits and risks. Because therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, anxiety, or anger. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, the results of therapy cannot be guaranteed.

Because therapy involves a commitment of time, and energy, you should make sure you feel comfortable working with me. If you have questions about our work together, we should discuss them whenever they arise. If your doubts persist, I will be happy to provide a referral to another mental health professional.

There are many different types of psychotherapy and you may wish to carefully consider what model you would like to try. If the models I practice do not provide you with benefit, this does not mean you would not find benefit from another type of psychotherapy.

At times medication may be warranted in addition to therapy. If we feel this is the case, I will be sending a recommendation to your family physician for management of the medication. I will not be prescribing medication for you at any time.

PROBABLE LENGTH OF TREATMENT

The length of psychotherapy treatment varies considerably depending on the person and the nature of the person's problem. It is difficult, if not impossible, to accurately pinpoint the amount of time it will take to experience relief. Several factors contribute to the timeline, including:

- The nature of the problem itself (simple vs. complicated)
- How long the problem has been a problem (recently developed vs. chronic or longstanding).
- How much support you have from significant others (substantial versus negligible).

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- How much work you put into solving the problem outside of therapy.

For those seeking relief from troublesome but straightforward problems, therapy can be effective in as little as 8 to 12 sessions. For more complex issues, therapy may last several months to several years. In my practice I have a maximum of 20 sessions per client with opportunities for 2 subsequent sessions a year.

ENDING THERAPY

You may end therapy at any time. When possible, I encourage you to make this decision in collaboration with me. However, there are a few situations in which I may decide the therapy will end. If I assess in my clinical judgment that I am not able to help you, I will inform you of this fact and refer you to another therapist who may meet your needs. Some reasons I may reach such a decision include (but are not limited to):

- I may recognize you are coping with a problem that is outside my scope of competence or expertise.
- I may become aware of an existing relationship with you, your family, a client, or a shared mutual friend that may interfere with my objectivity or role as your therapist. Due to confidentiality, I may not be able to disclose the nature of this relationship to you.
- I may become aware of another factor that would interfere with my role as your therapist, with my ability to maintain objectivity, or my potential to foster a sense of rapport with you.
- If you have missed two consecutive sessions without advanced notice.

If at any time, you engage in behaviors that threaten my safety (directly or indirectly), that harass me (verbally, physically, or electronically), or if you harass or threaten the safety of my office, colleagues, clients, or family, then I reserve the right to terminate our therapeutic relationship immediately. If I terminate you from therapy, I will offer referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

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OTHER MENTAL HEALTH PROFESSIONALS

In order to offer you quality care, I may ask your permission to record our session to review with my clinical supervisor. This process allows me to improve as a therapist. All recordings are confidential, your name is not discussed with my supervisor and all recordings will be erased within six months. Your participation is voluntary and you are free to decline or to request the recording be turned off at any point in the session. The recording does not become part of your chart, though I may use it to ensure I am taking accurate clinical notes. If you have any questions or concerns, please feel free to discuss them with me.

I share office space with other professionals at this suite. On occasion I may consult with these or other professionals about cases. Such consultation is for the purpose of continuously working to improve the quality and effectiveness of my services. In the event that I consult with additional providers regarding general details of our work together, I will not use your name and will make every effort to avoid revealing your identity. The other professionals are also legally bound to keep the information confidential. I will not tell you about these consultations unless I feel that it is important for our work together or you request otherwise. I will note all consultations in your Clinical Record.

FEEES

The fees associated with your medical psychotherapy treatments are fully covered by OHIP. For non-insured services (not covered by your OHIP card) I use the OMA Physician's Guide to Uninsured Services– 2018 which is available online. If you have any questions about non-insured services fees, please feel free to discuss this with me.

CANCELLATION AND LATE POLICY

Once an appointment is scheduled you will be expected to attend unless you provide 24 hours advance notice of cancellation. You will be billed a fee of \$150 for each missed appointment without 24 hours advanced notice. Additionally, there will be a charge of \$50 for every 15 minutes that you are late.

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I will make every effort to start our sessions on time. Sessions will end 46 or 76 minutes after the scheduled appointment time, even if you are late, so that I can stay on schedule. If it becomes necessary for me to cancel an appointment with you with less than 24 hours notice, you will be notified as soon as possible. **It is my usual practice that if you miss two sessions without giving me 24 hour notice we would plan on ending the therapy for that reason.**

CONTACTING ME

You may contact the office at 416-508-5691. I am often not immediately available by telephone, but a message can be left and I will try and return your call within 1 business day. While I am in my office seeing other patients I probably will not be available to answer the phone. If you are unable to reach me and feel that it is an emergency and you can't wait for me to return your call, contact your psychiatrist or family physician, or go to the nearest emergency room or call 911.

CONFIDENTIALITY

In general, law protects the privacy of all communications between a patient and a physician, and I can only release information about our work to others with your written permission. In most situations, I cannot even confirm to a third party that you are being seen in my practice unless you agree to this. However, there are a few exceptions. These situations rarely occur, and if this type of situation occurs, I will make every effort to fully discuss it with you before taking any action. Limits to confidentiality include:

- *To Protect You.* My primary concern is the safety of patients who are working with me. If I have reason to believe that you are at risk for injuring or killing yourself, I am ethically required to work with you to prevent this from occurring. This may include assisting you to receive urgent psychiatric assessment by issuing a Form 1, which would require you to have psychiatric assessment at the nearest local hospital, or contacting another physician to assist you in receiving timely care.
- *To Protect The Public.* In certain situations, I am ethically obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a minor, older adult (age 65 and older), or a dependent adult is being neglected or abused, I must file a report with

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the appropriate Ontario agency. If I believe that a client is threatening serious bodily harm to another, I am also ethically required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client for the safety and well being of the client/and or the person in question who is in danger. If I believe that a client has a condition that would impair driving, I am obligated to report the condition to the ministry of transportation.

- *Regulated Professional Members.* If you inform me that another Health Care Practitioner who is registered with a regulated college in Ontario has sexually assaulted you, I'm required by law to report this individual to their regulatory college and the authorities.
- *In Legal Proceedings.* Although I will make every effort to safeguard your privacy, your records may be subpoenaed by a court of law. In most legal proceedings, you may have the right to restrict access to information about your treatment. In some proceedings, such as those involving child custody and those in which your emotional condition is an important issue, it is possible that a judge may order my records and/or testimony. Confidentiality may also be limited by other situations in which the law requires or directs that confidentiality does not exist.

Your signature below indicates that you have read the information in this document and agree to its terms.

Patient Name (printed)

Patient Signature and Date

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CONSENT FOR EMAIL COMMUNICATION

If you and I have discussed a plan to communicate between sessions, such as sending me an update or homework, you may email me. If you choose to email me, please note that email is not a secure means of communicating and the privacy of email communications cannot be guaranteed. I do not offer advice, therapy, or emergency care via email. I do not manage my schedule via email or telephone; you should call the Get Well clinic for all schedule related communications.

I understand that email is not a secure means of communicating, and the confidentiality of communication through e-mail exchanges is not guaranteed. I consent to mutual communication with Dr. Laura Copeland through email.

Patient Name (printed)

Patient Signature and Date