



Welcome to Catholic Family Services of Durham  
Single Session Intake

- The Intake Screener will meet with you to discuss what you are seeking help with today, set up your appointment, and negotiate the fee for your booked single session. Our fee schedule, ranging from \$5.00 to \$65.00 is based on two factors: family income and number of dependents. We will adjust your fees to fit your circumstances. No one is turned away due to an inability to pay.
- During a booked Single Session, a clinician will work with you to create a plan and identify possible next steps to begin desired change.
- A Single Session is about 1 hour long and will be completed by video or in person at a time that is convenient for you and your counsellor. Your therapist will review with you the requirements and details of this mode of therapy during your screening call
- At the end, we ask that you take the time to complete a survey to let us know how you felt about the Single Session you attended. This anonymous information is used to report to our funders on how helpful the program has been to participants.
- If it is deemed to be appropriate by the counsellor, your name may be placed on the waiting list for individual, couple or family counselling until space becomes available.
- If you feel you would benefit from another single session, you may book online at [OntarioCounsellingFinder.ca](http://OntarioCounsellingFinder.ca) **four weeks after your last single session**. Please note that you may not see the same clinician in subsequent visits.

**Please note: We do not provide letters or reports for clients of the Single Session Intake. However, you will be provided with a single session note which can be used as evidence of you attendance here today.**



### **Walk In Conditions of Service – SCREENING**

- I have read and understood the “Welcome to Single Session Intake” leaflet.
- I have had the opportunity to ask questions, and those questions have been answered to my satisfaction.
- I understand that intake single sessions are meant to be a one-time meeting, but I can go to [OntarioCounsellingFinder.ca](http://OntarioCounsellingFinder.ca) to book another single session 4 weeks after my last session. Any plans for ongoing service will be discussed with the therapist in the single session.
- I understand the limits of confidentiality.
  - Exceptions may be made in life threatening situations or where child abuse or neglect is indicated. Agencies are also subject as a matter of law to a subpoena and so in some circumstances, a client record or a counsellor’s evidence may be required by a court of law.
- I understand that it is not beneficial to my child to use therapy as a means through which to gain information for family court.      Not applicable
- I understand my/our fee for the Booked Single Session today will be \_\_\_\_\_.
- I understand that CFSD does not provide court letters or reports for clients of the Single Session Intake. However, I will be provided with a single session note which can be used as evidence of my attendance here today.

***I/We understand and consent to the above counselling conditions.***

_____	_____	_____
Client Name	Signature	Date (month/day/year)
_____	_____	_____
Client Name	Signature	Date (month/day/year)
_____	_____	_____
Client Name	Signature	Date (month/day/year)
_____	_____	_____
Screeener/Clinician’s Name <i>(include credentials)</i>	Signature	Date (month/day/year)

707 Simcoe Street South, Box #1  
Oshawa, Ontario L1H 4K5  
Tel: (905) 725-3513  
Toll Free: 1-877-282-8932  
Fax: (905) 725-8377  
www.cfsdurham.com



**Catholic Family Services of Durham**  
**Services à la famille catholiques de Durham**

707, rue Simcoe Sud, C.P. 1  
Oshawa, Ontario L1H 4K5  
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sans frais: 1-877-282-8932  
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We're here for you / Nous sommes là pour vous

Consent already on file

### INFORMATION FOR CLIENTS REGARDING USE OF EMAIL

Due to the many ways in which the use of email communication can compromise your confidentiality (and in some cases, your safety), the agency does not recommend the use of email as a means through which to contact your counselor or share information with them.

However, the agency also recognizes that there may be exceptional circumstances that might necessitate the use of email for communication. In such circumstances, please keep the following in mind:

- ***Email should never be used as a way to handle a crisis***
- If you are in crisis, it is important that you utilize the crisis numbers and services available to you. These can be found on our website. 911 is always the best option when your safety is an issue.
- You may fax information to our office at 905-725-8377 if you are needing to send written communication to your counselor, or if you cannot speak on the phone (905-725-3513).
- Counsellors cannot guarantee the same response time to email as they would be able to offer in returning a phone call. Your counselor will inform you of their ability to respond to emails.
- If you are going to send information via email, please do not include personal information in the email, in order to protect your confidentiality. Always start a fresh email, versus replying to an existing email. Use expressions like “the issue we discussed” or “my situation” instead of giving specifics, in order to reduce the exposure to your personal issues on the web.
- Any email correspondence is considered part of your client record.

**I understand that this consent will remain valid for all present and future service I receive at CFSD. I also understand that I can revoke this consent at any time.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
client print name

\_\_\_\_\_  
client signature

\_\_\_\_\_  
Counsellor's signature

PLEASE KEEP COPY IN CLIENT FILE

Consent already on file

## **CATHOLIC FAMILY SERVICES OF DURHAM**

### **Consent for Receiving Service by Telephone or Video Conferencing**

I understand and agree to the following information which has been explained to me:

- Counselling will not be done through e-mail or texting. The purpose of e-mail is for arranging or changing appointments and/or transmission of documents. It is not to be used for crisis or emergency services. My counsellor will provide me with a list of phone numbers for these services if needed.
- Based on my goals, needs, preferences and circumstances, my counsellor and I will determine whether telephone or videoconferencing would be the appropriate way to offer service. We will periodically discuss how well the format is working for me and will decide to continue service, adjust my goals or take a break from service.
- There are potential risks involved in receiving service in these ways:
  - For new clients, it may take more time to develop a therapeutic relationship in contact that is not in-person.
  - My goal(s) may need to be revised, or some work may have to wait until in person sessions resume.
  - I will need to ensure that I have privacy during sessions for confidentiality, and my counsellor will do the same. This means using earphones, trying to avoid using public wifi (and password protecting my home wifi), and maybe creating some white noise outside the room I'm in.
  - I will need to ensure that I will not be interrupted during videoconferencing sessions. My counsellor will do the same.
  - We will develop a plan for dealing with situations where there is a technical failure.
  - My counsellor will make every effort to ensure that my e-mail address and phone number are correctly entered. Making a mistake may inadvertently lead to disclosure of my personal information.
  - I will need to ensure that others do not have access to my e-mail, and will need to be sure I don't leave it open for others to view.
  - My counsellor and I will discuss a way to verify my identity, so that no one else can send messages on my behalf.
  - Therapy is happening in "my space". This might feel awkward to me to have my therapist "in" my home, seeing my personal space.
- There are some things I need to consider and remember about receiving services in this way:
  - My therapist will not record any of the phone or video sessions, and I am not to do so either.
  - I am not to have people secretly attending the sessions out of the camera view, or sitting in the room listening in on the phone. I need to have a discussion with my counsellor about others attending my sessions, just like I would if I was in the office.
  - If I am the parent/guardian of a child receiving service, I need to respect the privacy of that child's session as I would if it was in an office. I will not impose

my presence on the child's session and will abide by the process set in place with the therapist.

- If I am in an unsafe situation, my counsellor and I will establish a code that will alert my counsellor if I am unsafe during a session. We will also establish a plan for what happens in those moments, and how to reconnect when it is safe again.
- When counselling/therapy is being offered on the phone, my counsellor will call me at my arranged appointment time and the phone number will be blocked.
- For videoconferencing, the Agency is using a secure on-line platform from which to deliver these services ("On Call Health"). I can access this platform from any device.
  - I will receive an email from my counsellor that will include a link. That will give me access to the platform.
  - I need to log on and sign up for the video sessions before I have my first session. I will review the forms sent to me. I should give myself time before the start time of the first session to log on and make sure everything is working.
  - I need to remember to not engage in "home behaviour" during my sessions. This includes things like making sure I dress for the session like I would if I was coming into the office. The session will not continue if I am dressed in a compromising way. I cannot use the washroom while in session, or make food.
  - I cannot attend sessions while driving. This is not safe for me.
  - I cannot be under the influence or ingesting drugs/alcohol during my session.
  - If I am having technical issues with the on-line platform, I can get help by contacting OnCall Health by:
    - email: support@cfsdurham.zendesk.com
    - Toll Free Phone: +1 (888) 416-3586

I have read and understood this information and/or it has been read and explained to me. I am aware that I can ask for further clarification.

I consent to receiving counselling services over the phone or via secure video conferencing. I understand and accept the risks and benefits.

**I understand that this consent will remain valid for all present and future service I receive at CFSD. I also understand that I can revoke this consent at any time.**

Name: \_\_\_\_\_  
Client printed name Client signature

Date: \_\_\_\_\_



**PARENTAL CONSENT FOR COUNSELLING CHILDREN UNDER 12 YEARS OF AGE - INTAKE**

Not applicable to this enrollment

In agreement to the conditions of service, I/We hereby give consent for my/our child(ren) to receive counselling at **Catholic Family Services of Durham/ Services à la famille catholiques de Durham.**

I/We understand that in giving consent for counselling, I am consenting to single session counselling for the purpose of addressing current emotional/social concerns and/or assessment for further service.

I consent to any future single sessions of counselling for the above purpose while my child waits for ongoing therapy

I consent to only one single session of counselling for my child.

If I/We have questions about the session I/We can discuss them with the therapist.

I would like a follow up call from the therapist after session

I/We understand that in separation/divorce when decision making for the child(ren) is shared, consent from both parents is preferred for my/our child(ren) to receive counselling at Catholic Family Services of Durham/ Services à la famille catholiques de Durham.

Not applicable, parents are together

I/We have:

permanent sole decision making

temporary sole decision making or

permanent joint decision making or

temporary joint decision making for the child(ren); and consent from both parents is:

needed  not needed.

other \_\_\_\_\_

The name(s) and date(s) of birth of the child(ren) is(are) listed as below:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Child Name Date of Birth (month/day/year)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Child Name Date of Birth (month/day/year)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent's Signature Date of Signature (month/day/year) Parent printed name and contact number

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
3<sup>rd</sup> Party Witness' Signature Date of Signature (month/day/year) Witness printed name & contact number

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent's Signature Date of Signature (month/day/year) Parent Printed name and contact number

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
3<sup>rd</sup> Party Witness' Signature Date of Signature (month/day/year) Witness printed name & contact number

**Crisis and Emergency numbers in our Community /  
Ressources communautaires et numéro d'urgence**

<b>Resources and services</b>	<b>Telephone</b>	<b>Resources et services</b>
Emergency	911	Urgence
Police	905.579.1520	Police
<b>Mental Health / Santé mentale</b>		
Canadian Mental Health	905.436.8760	Association canadienne pour la santé mentale
Durham Mental Health	905.666.0831	
DMHS – Crisis	905.666.0483	
<b>Crisis / soutien en cas de crise</b>		
Sexual Assault Care Centre	905.721.6128	Sexual Assault Care Centre
Lakeridge Health Crisis Unit	905.576.8711 x4384	
Kid's Help Line	1.800.668.6868	Jeunesse, J'écoute text 686868
Durham Rape Crisis Centre	905.668.9200	Durham Rape Crisis Centre
Distress Centre	905.430.2522 1.800.452.0688	Distress Centre Durham
Assaulted Women's Helpline	1.866.863.0511 Cell: #7233	Femaide 1.877.336.2433
DMHS – Mobile Crisis Services	905.666.0483 1-800.742-1890	Mobile Crisis Service
Canadian Centre to end Human trafficking hotline	1.833.900.1010	Ligne d'urgence canadienne contre la traite des personnes
Bounce Back Ontario	<a href="http://www.bouncebackontario.ca/">www.bouncebackontario.ca/</a> <a href="https://bouncebackontario.ca/fr/">https://bouncebackontario.ca/fr/</a>	Retrouver son entrain
BeSafe app	Mindyourmind.ca/besafe <a href="https://besafeapp.ca/">https://besafeapp.ca/</a>	BeSafe - français
<b>Shelters / hébergement</b>		
Denise House – Oshawa	905.728.7311 1.800.263.3725	Denise House – Oshawa
Bethesda House – Bowmanville	905.623.6050	Bethesda House - Bowmanville
Herizon House – Ajax	905.426.1064	Herizon House - Ajax
Durham Youth House (age 16 – 24) – Joanne's House Youth Shelter	905.239.9477	Durham Youth House (pour les jeunes entre 16 et 24 ans)
Y's Wish – Oshawa	905.576.2997	Y's Wish – Oshawa
La Maison – French women's shelter for women and children	647.777.6433	La Maison / hébergement pour femmes francophones et leurs enfants
<b>Housing Outreach and Eviction Prevention Workers</b>		
Ajax / Pickering – Community Development Council Durham	905.686.2661 1.866.746.3696	
Clarington – John Howard society	905.623.6814	
Oshawa / Whitby – John Howard Society	905.579.8482	
Scugog / Brock / Uxbrige – North House	705.432.8654 1.877.406.8723	
<b>Legal Support and Services / soutien et services juridique</b>		
Luke's Place	905.728.0978	Luke's Place
Victim – Witness Assistance Program	905.430.4170	Programmes d'aide aux victimes et aux témoins
Victim services of Durham	905.579.1520 1.888.579.1520	Victim Services of Durham