

PLEASE REVIEW THE FOLLOWING DOCUMENT BEFORE INITIAL APPOINTMENT

Restorative Trauma Practice Policies and Procedures

Principle Therapist: Cristina Del Principe, MSW, RSW, Social Worker, Psychotherapist (#819125)

Office Location: 79 High Street, Barrie, Ontario, L4N 1W5, Upper Level, Unit 7

Office is on the second floor and requires walking up a flight of stairs. If you have current or future personal challenges making this an issue, please advise. Virtual appointments may be offered

Business Number: (Landline - no texting): 437-983-3154

Schedule: Monday, Thursday, and Friday from 9 am to 7 pm

I will return calls and emails in a timely matter. Please do not email or call me if you are in a crisis.

Clinical Background

I work with adults (18 years of age and older) who have experienced abuse/violence (i.e. psychological, emotional, sexual, physical, socio-political etc.) and/or developmental and attachment wounds. The majority of my training and clinical expertise is with adults who are experiencing and healing from trauma symptoms. Below is a list of my degrees and certificates I have achieved so far. Degrees and certificates are available upon request.

Education & Trauma Related Professional Certificates

Doctorate in Social Work (PhD), Wilfrid Laurier University, 2021-Present

Honours Bachelor of Science (BSc), Psychology, York University, 2019; (originally Bachelor of Science, upgraded to Honours), 2004-2009

Master of Social Work (MSW), Health & Mental Health, University of Toronto, 2011–2012

Honours Bachelor of Social Work (BSW (Hons)), York University, 2009–2011

Professional Development

Sensorimotor Psychotherapy Level II Training – 2022

Sensorimotor Psychotherapy Institute

Integrating Structural Dissociation Theory into the Treatment of People with Complex Trauma

- 2021 with Kathleen M. Martin

EMDRIA-Approved Basic EMDR Training - 2021

Niagara Stress and Trauma Clinic

Janina Fisher's Certified Clinical Trauma Training Level 2: Treatment of Complex Trauma and Dissociative Disorders - 2020, PESI

Janina Fisher's Certified Clinical Trauma Professional Training Level – 2020, PESI

Sensorimotor Psychotherapy Level I Training – 2019, Sensorimotor Psychotherapy Institute

Trauma Recovery: Processing Guilt and Shame - 2015, The Hincks-Dellcrest Centre

Trauma Counselling Certificate for Front-Line Workers - 2013

The Hincks-Dellcrest Centre

Therapeutic Boundaries

Our relationship is professional – that of therapist and client. As a registered social worker, I follow a strict set of rules set by the Regulator. For example, I am not allowed to receive any gifts from clients, initiate conversations outside the counselling office, or engage in physical contact with any client. Furthermore, I am not allowed to accept requests from clients on any social media platform.

If I ever close my private practice, as a social worker, I am required to provide as much notice as possible. As a social worker, I am unable to diagnose a mental health disorder, as diagnosing is not within my scope of practice. Please consult with a medical doctor to discuss any assessments for mental health diagnoses. If I believe our therapeutic work has shifted outside my scope of practice, I will provide a referral to another mental health professional.

Procedures

Fees: The fee for service is **\$ 150 for 60 minutes**. I accept cash or e-transfers. You will receive a receipt shortly after payment is received. I will provide 3-months of notice when I decide to increase my hourly fee. Also, 30/90-minute appointments are available, if needed.

I am not able to submit your claims to insurance companies on your behalf. If you must cancel an appointment, you **will not** be charged for the appointment if you provide 24-hours of notice. If you become suddenly ill or experience a personal crisis, you will not be charged for the appointment. If the therapy fee becomes an issue, I may refer you to therapy services that will be more appropriate. If you do not pay in full for two appointments, I will not book a third appointment.

Furthermore, if there are unpaid fees, I may involve collection agencies to help collect unpaid fees. You acknowledge and consent to the disclosure of personal information to such agencies which may include your name, service provided, statement, and billing information, for the sole purpose of collecting unpaid fees.

Initial Consultation: Before contacting me, make sure you have read and understand this document. Please do not discuss and/or disclose personal and sensitive information through voicemail; your first name, number, and reason for message is sufficient. I provide a 20-minute free consultation during which time we decide if we will work together. We are both free to decline working with each other during this consultation. Consultations are a time to introduce ourselves to each other, discuss your goals, and see if my clinical training will match with your needs. I will not provide therapeutic treatment during consultations; therefore, consultations are not recorded in clinical records.

Communication: I will contact clients during my office hours set out above. Please do not leave messages (i.e. voice messages, emails, or any other form of communication) if you are in a crisis. Communication by email and voicemail are to be used only for administrative purposes. Please call a mental health crisis line (1-888-893-8333-Canadian Mental Health Association), go to your nearest hospital emergency room, or call 9-1-1 in a crisis. If I do receive a crisis message during my office hours, I may need to contact police or other services if your safety or that of others are at risk. I will return administrative messages in a timely manner.

I use an email service which allows emails to be encrypted. Email is only used for administrative purposes (i.e. scheduling, sending receipts, appointment reminders etc.). Email communication is **NOT 100% secure** and there are risks of interception and hacking. Also, please be advised that if your computer or email is ever hacked, individuals may see any communication between myself and you. If you have any concerns or questions about email or electronic communication, please advise.

I will not send any requested written forms/documentation over email. If you request written information from me, I will personally give or mail a hardcopy to you or the third party with your consent.

In-Person Appointments: Depending on the recommendations of the government and College of Social Work, in-person appointments are available. **If instructed by the government**, masks may be required when in the building, unless you are exempted. Before entering the counselling office, you will have to complete a COVID-19 screening form, use hand sanitizer, and will be required to have your temperature taken. Masks will be required to remain on during our sessions. Please have your own personal mask with you. This information will be documented within your file.

Virtual Appointments: Virtual appointments may be available if needed. I will only conduct virtual appointments for individuals who reside in Ontario. Please be advise that any **electronic communication or video communication is NOT 100 % secure** and there is always a risk of interception and privacy breaches. My computer is password-protected, has anti-virus protection, VPN, and a firewall. It is recommended that virtual appointments happen within a private and secure environment in order to protect your confidentiality. Your ability to honestly and authentically express yourself may be negatively impacted if others may potentially hear

our conversations. Headphones are recommended so others do not overhear our conversation. I will wear headphones during our appointments.

We are both free to change in-person appointments to video appointments due to hazardous road conditions, weather, or other potential scenarios.

Virtual Appointment Crisis Protocol: Please have your phone with you during our sessions. Also, please make me aware if the location you are during the appointment is different from the address I have on file. Also, make sure you update me if there are changes to your phone number. If we get disconnected, I will phone you. I will leave you a message, wait 5-minutes, and call you again.

During our sessions, if I see you in visible distress and you are need of emergency assistance, I will call 9-1-1. If we get disconnected during a session where you are exhibiting distress, I may have to reach out to your emergency contact or call emergency services.

Canadian Mental Health Services provides a 24-hours crisis phone line. If you need support outside of sessions, you can call **1-888-893-8333**. Please visit their website for other mental health and casework services.

Informed Consent & Documentation

Privacy of personal information is an important principle. I am committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the services I provide. I try to be open and transparent about how I handle personal information. This document describes my privacy policies. I collect, use, and disclose personal information in order to serve my clients. For my clients, the primary purpose for collecting personal health information is to provide social work services. A second primary purpose is to obtain a baseline of health and social information so that in providing ongoing health services we can identify changes that are occurring over time. Except where required by law, your personal information will only be used and disclosed for the purposes for which it was collected and with your consent. This consent can be withdrawn at any time, while understanding that without consent, your level of service may not be to maximal benefit.

Collection of Personal Health Information: Clinical notes are required by my regulatory College. Notes are used to document our counselling treatment plan and consent to specific therapies, goals, assessments, checklist, safety plans, emails, texts, phone calls, and any type of communication. I document all my actions with regards to communication with you and other professionals. The College of Social Workers requires me to record my notes objectively, and that following information needs to be recorded: type of service; name, address, telephone; DOB; emergency contact name, number, and address; purpose of service; signed informed consent; estimated time period of service; date of time closed in service; history; assessments, diagnose, treatment plans; interventions; outcomes, results, evaluations; recommendations; invoices and receipt.

Confidentiality: Therapeutic conversations are private and confidential. However, I may have a duty to break that confidentiality in certain circumstances. For instance, if you disclose that a child of 16 years or under is at risk or being abused and or neglected by a parent or caregiver, and if you disclose that you will harm yourself or others. I also have an obligation to report other social workers if they appear to be harming a client. Furthermore, I may need to provide Public Health with names, appointment dates, times of entry and departure for contact tracing purposes. We may discuss other duties to report if the need arises. To help make these decisions, I may need to consult with a consultant or legal advisor. I will make every effort to protect your personal identification and other private information, but may be required to disclose the minimum possible information to make a meaningful report.

In my practice, I regularly consult with mental health professionals that support and guide my therapeutic work. I do not disclose any client identifying personal information during these consultations. Consultations with professionals are likely to happen over electronic platforms, therefore, I cannot guarantee 100% security during these appointments.

I use a number of consultants and agencies that may, in the course of their duties, have limited access to personal health information I hold. These include: email service, computer consultants, phone company, accounting firm, banking services, Canada Revenue Agency, legal, and therapeutic consultation services. I restrict their access to any personal information I hold as much as is reasonably possible.

Record retention, storage, preservation, and security: I use paper files that are stored in a fireproof locked filing cabinet located at my residence. I am required to keep records for seven years from the date of the last entry in file. I will transport information within a locked brief case. If I should cease practicing, your files will be given to a regulated professional who follows the same regulations for record storage and disposal. They will contact you to advise you of the change in location of your file.

Accuracy, Access & Correction: You can request to see your file. Please advise what part of the file you would like to review or obtain copies of. You have the right to access your file, unless you are prohibited by law, need supervised access to your record, or viewing your file may cause risk to your health. Legal consultation will be used to make these decisions. I will not charge a fee for you to see your file, and I request to see a photo identification. Also, I am only able to provide you information about yourself and not another individual. Upon reviewing your file, if you find errors of fact in your personal health information, you may request a change to the record. I have 30-days to implement the request and make changes to your file, and can also request an additional 30-day extension. The original document will be kept in the file with the revised document. I am not required to correct information relating to clinical observations or opinions made in good faith. If I do not agree with the change you have requested, you are able to provide a statement of disagreement that will be kept in your file. Individuals who are not satisfied with access or corrections to a record are entitled to contact the Privacy Commissioner.

Disclosure to a Third Party: If you ask me to share your personal information with another professional or third party, we will sign a consent form together and outline the information that you want me to disclose. Courts and other statutory bodies have the right to subpoena your file. Information may not be disclosed if law does not allow it, or if it will create harm to yourself or others. I can advocate for non-disclosure with legal support if I believe that this information will be detrimental to your health.

Use of Personal Information for Research/Publication Purposes: As part of my practice, I may conduct research and/or publish articles on treatment methods, case studies, etc. based on information and experiences gained through treating my clients. Any personal health information of clients will be de-identified, i.e. any information that identifies an individual, or could be used (alone or with other information) to identify an individual, will be removed.

Data Protection Breach: While I take precautions to avoid any breach of your privacy, if there is a loss, theft or unauthorized access of your personal health information I will notify you.

Upon learning of a possible or known breach, I will take the following steps:

I will contain the breach to the best of my ability, including by taking the following steps if applicable: retrieving hard copies of personal health information that have been disclosed; ensuring no copies have been made; taking steps to prevent unauthorized access to electronic information (e.g., change passwords, restrict access, temporarily shut down system); I will notify affected individuals; I will provide the Commissioner's contact information; and advise the affected individual of their right to complain to the Commissioner. I will investigate and remediate the problem by: conducting an internal investigation; determining what steps should be taken to prevent future breaches (e.g. changes to policies, additional safeguards); depending on the circumstances of the breach, I may notify and work with the Information and Privacy Commissioner of Ontario.

If you have any questions or concerns, please let me know so we can have a conversation. If you agree to the above information, please sign below.

Cristina Del Principe, MSW, RSW

Date:

Client Signature:

Date:

Cristina Del Principe Signature:

Restorative Trauma Practice Informed Consent

Please read the following carefully. If you have any questions, please ask before signing this form. Working with the social worker is voluntary – it is your choice. You may change your mind and stop at any time.

1. I understand that working with a social worker will involve disclosing personal information to the social worker so that the social worker can assess and evaluate my needs. The social worker may provide services such as counselling, research, refer and advocate for resources, respond to various complex situations, among other services.
2. My social worker has discussed the following treatments with me:
3. With regards to email and video counselling, I give Cristina Del Principe permission to:
4. My ongoing consent is necessary for my social worker to engage with me and provide services to me. This consent form is used to help guide a conversation about consent between the social worker and client. The consent conversation is an open and on-going conversation. If I do not agree with the social worker at any time, I will raise my concerns so that the issues and alternative treatment options may be discussed.
5. I understand that social work carries with it the possibility of unforeseen risks which I freely assume. The social worker will make every attempt to identify and minimize and potential risks, but such risks may be unavoidable. For example, discussing certain topics in a counselling session may trigger some clients.
6. I agree to communicate openly and honestly with my social worker. I confirm I have reviewed a copy of the Policies and Procedure form provided to me, and I have been given the opportunity to ask questions about that form and this consent. I further acknowledge that my social worker may at times have a duty to report if I disclose certain information that poses a risk of harm to me or third parties. My social worker will ask for consent before disclosing personal information. I understand that it may be required by law for my social worker to disclose certain information without my consent.
7. I understand that my social worker may conduct research and/or publish articles on treatment methods, case studies, etc. based on information and experiences gained through treating clients. I understand that any personal health information of clients included in such research and/or articles will be de-identified. I consent to my social worker including information gained from my treatment in research and/or articles, provided that my personal health information is de-identified. Initials: _____

8. I understand that:
- No guarantees have been made to me as to the results that may be obtained from working with the social worker.
 - Working with a social worker to develop and apply a treatment plan may take time- there are no instant solutions.
 - The length of treatment can depend on how severe or long standing a condition is, and that long-term treatment may be necessary for noticeable changes to take place.
 - During my treatments, some of the symptoms related to my condition may temporarily worsen before improving.
9. I am aware that fees for my treatment are my responsibility and that my social worker does not complete and or file any forms or invoices with private insurance companies. I understand that I am responsible for the full payments of services at the time such services are rendered.
10. I acknowledge that I have read and understood the contents of this form. I further acknowledge that I have received and understood all explanations regarding the treatments described in this form and that I have had the opportunity to ask questions and have received understandable answers. By signing this form, I agree to the policies and practices of Cristina Del Principe, including those regarding the collection, use and disclosure of personal health information, and I consent to receive treatments and services from my social worker Cristina Del Principe.
11. Minimum cancellation time required is 24 hours.

Client Signature

Date

Cristina Del Principe

Date