

**Dr. Kristin Heins, ND**  
Thrive Natural Family Health  
110 Eglinton Avenue East, Suite 502  
Toronto, Ontario M4P 2Y1  
Telephone: (647) 352-7911

## Psychotherapy Client Information

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Today's date: \_\_\_\_\_

### A. Identification

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Your nicknames/previous/maiden/aliases: \_\_\_\_\_

Sex:  Male  Female Gender: \_\_\_\_\_

Title:  Mr.  Mrs.  Miss  Ms  Dr.

Marital Status:  Single  Married  Divorced  Widowed  Common/Law  Separated

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home/evening phone: \_\_\_\_\_

Can I leave a message at these numbers? \_\_\_\_\_

Your Email address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### B. Referral: How did you hear about our services?

Name: \_\_\_\_\_

### C. Present Concerns: What are some of your current concerns?

\_\_\_\_\_  
\_\_\_\_\_

Have you been to therapy before? If yes, what year? What was helpful or not helpful about therapy?

\_\_\_\_\_

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### **STATEMENT ON CONFIDENTIALITY AND THE LIMITS ON CONFIDENTIALITY**

#### **Confidentiality**

Complete records of your assessment, therapy, and/or other interactions with Kristin Heins are kept in a secured area in her office suite. Your record will be preserved and secured for a minimum of 10 years after the date of your last contact.

With the exceptions stated below, no information will be released about your contact with us without your informed, voluntary, and written consent.

You may request that Kristin Heins provide information to others (e.g. insurance companies, other health care providers, educational personnel, etc.). I will be happy to do so, but only with your written consent.

#### **Limits to Confidentiality**

There are some important exceptions to confidentiality, conditions under which information may be released with or without your consent. These exceptions may occur if Dr. Heins:

1. Believes you may be a danger to yourself or others.
2. Has reason to believe that a child is being abused, has been abused, or is at risk of being abused either physically or sexually. By law, such information must be reported to the Children's Aid Society.
3. Is required to do so by a court of law. Psychotherapists files are not "privileged" documents. A court of law could subpoena your records. In such cases psychotherapists will make every effort to satisfy the subpoena with a letter that will be discussed with you before sending it to the judge.
4. Under Bill 100 (1993), all regulated health professionals (which includes psychotherapists) must report to the appropriate regulatory body, the sexual abuse of a patient or client by another health professional. Therefore if Dr. Heins:
  - a. becomes aware that a client who is a health care professional has sexually abused a patient/client she must report this client to their regulatory body.

- b. *becomes aware that a client has been sexually abused by another health care provider she must report this provider to their regulatory body if she knows the name of the alleged abuser. The client's name cannot be included in the psychologist's report without their written consent.*

### ***Agreement of Understanding***

*My signature below confirms that I have been advised of my rights to confidentiality and the limits to this confidentiality and/or have read this document and understand it. A copy of this statement will be provided to me.*

\_\_\_\_\_  
*(Client Name – please print)*

\_\_\_\_\_  
*(Client signature)*

\_\_\_\_\_  
*(Date)*

### **CONSENT FOR PERSONAL INFORMATION COLLECTION**

*I understand that to provide me with psychotherapy services,*

*Dr. Heins will collect some personal information about me.*

*I have reviewed the Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy relates to me. I have been given a chance to ask questions about the Privacy Policy and they have been answered to my satisfaction.*

*I understand that, as explained in the Privacy Policy, there are some rare exceptions to these commitments.*

*I agree to Dr. Heins collecting, using and disclosing personal information about me as set out above and in the attached Privacy Policy.*

\_\_\_\_\_  
*(Client signature)*

\_\_\_\_\_  
*(Date)*

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**FEE POLICY**

Fees

The cost per session with Dr. Heins while a student under clinical supervision is \$75.00/ session. Payments can be made in the form of Visa, Mastercard, cash, or debit depending on your preference. In the event of financial need, requests for sliding scale fee can be made directly.

Insurance and Tax Benefits

Dr. Heins will provide you with a receipt for tax purposes at each visit. This can be used to make a claim against your income tax.

Lateness

In the event you are late, please call if possible. Sessions start and end at the agreed time and you are urged to be at Thrive Natural Family Health on time to receive the full time of treatment. Arriving late will reduce your time in the session. However, I do understand that situations arise where you may be late, and if possible I will do my best to accommodate you.

Cancellation and No-Show

Session time is valuable – yours and mine. In the event of a cancellation, please honour our 24 hour cancellation notice policy. Failure to do so will result in full fees due for the scheduled session time. Similarly, if you fail to attend a scheduled appointment, your absence will result in fees due for the full scheduled session time.

Please sign that have you read and agree to these office policies.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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## **Privacy Policy**

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Privacy of personal information is an important principle in your care. I am committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the services we provide. I also try to be open and transparent as to how I handle personal information. This document describes relevant privacy policies.

### **What is personal information?**

Personal information is information about an identifiable individual. Personal information includes information that relates to:

- an individual's personal characteristics (e.g., gender, age, income, home address or phone number, ethnic background, family status);
- health (e.g., health history, health conditions, health services received by them);
- activities and views (e.g., religion, politics, opinions expressed by an individual, an opinion or evaluation of an individual)

Personal information is different from business information (e.g., an individual's business address and telephone number). Business information is not protected by privacy legislation.

### **Who has access to my information?**

I work with a number of consultants and professionals that may, in the course of their duties, have limited access to personal information. These, include for example, computer consultants, office security and maintenance, bookkeepers and accountants, and lawyers.

Their access to any personal information is restricted as much as is reasonably possible. They also are required to follow appropriate privacy principles.

### **Primary purposes for the collection personal information**

Like all psychotherapists, I collect, use and disclose personal information in order to serve my clients and patients.

- health history, including family history;
- physical, psychological and neuropsychological condition and function; and,
- social/vocational situation.

I use this information to help me assess what the needs are of the person; to advise him/her of the treatment options available, or to make recommendations to third parties about treatment options and future care needs for their clients.

We also need to inform you about certain situations in which I am required to break confidentiality and disclose personal information:

1. If you tell me that you intend to harm yourself or someone else, I am required to try to help you or the person you intend to hurt.
2. If you tell me that you know of a child who is being hurt or abused, or even threatened or you simply suspect may be hurt or abused, I am mandated by law to call the Children's Aid Society.
3. If you tell me of a regulated health professional who is sexually abusing a patient, I have to call the organization that regulates that profession. You need to know that these situations do not arise very often. But, when they do, you must understand that I am required by law to report them, even if it means breaking confidentiality and disclosing your personal information without your consent.

### **Related and secondary purposes for the collection personal information**

Like most organizations, I also collect, use, and disclose information for purposes related to, or secondary to, the primary purposes.

The most common examples of related and secondary purposes are as follows:

- To send copies of all reports and relevant documents.
- To review client and other files for the purpose of ensuring that I am providing high quality services.

In addition, external consultants (e.g., auditors, lawyers, practice consultants, voluntary accreditation programs) may on my behalf do audits and continuing quality improvement reviews of my clinic, including reviewing client files and interviewing staff.

Further, psychotherapists are regulated by a College, who may inspect my records and interview as a part of their regulatory activities in the public interest. External regulators have their own strict privacy obligations. Sometimes these reports include personal information about our clients, or other individuals, to support the concern (e.g., improper services). Also, like all organizations, various government agencies (e.g., Canada Customs and Revenue Agency, Information and Privacy Commissioner, Human Rights Commission, etc.) have the authority to review our files and interview our staff as a part of their mandates. In these circumstances, we may consult with professionals (e.g., lawyers, accountants) who will investigate the matter and report back to us.

The cost of many goods/services provided by the organization to clients is paid for by third parties (e.g., auto insurance, extended health benefit insurance). These third-party payers often have your consent or legislative authority to direct us to collect and disclose to them certain information in order to demonstrate client entitlement to this funding. You should be aware that only relevant information will be provided to a third party paying for my services, and that this information will only be used to advance your assessment or treatment as needed. Such disclosure does not represent a waiver of our therapist-client confidentiality.

Clients or other individuals we deal with may have questions about our goods or services after they have been received. We also provide ongoing services for many of our clients over a period of months or years for which our previous records are helpful. We retain our client information for a minimum of ten years after the last contact to enable us to respond to those questions and provide these services (our regulatory College also requires us to retain our client records).

## **Protecting personal information**

We understand the importance of protecting personal information. For that reason, we have taken the following steps:

- All patient information, whether in paper or electronic form, is either under the supervision of myself, or secured in a locked or restricted area at all times.
- I collect, use and disclose personal information only as necessary to fulfill my duties and in accordance with this privacy policy.
- Disclosures are only made to your own representative and within the requirements of privacy legislation (with your consent, to your own treatment providers, etc.). No disclosures of personal health information will be made to people outside the circle of care of treatment providers and your own representative without your consent.
- You may withdraw your consent to participation in any process (assessment or treatment) at any time.

## **Retention and destruction of personal information**

I need to retain personal information for some time to ensure that I can answer any questions you might have about the services provided and for my own accountability to external regulatory bodies. I keep client files for at least ten years. When they are no longer required I destroy paper files containing personal information by shredding. I destroy electronic information by deleting it.

## **Do you have a question?**

You are welcome to contact me with any questions or concerns. If you wish to make a formal complaint about my privacy practices, or have a concern about the professionalism or competence of my services, you may make it in writing to me. I will acknowledge receipt of your complaint, ensure that it is investigated promptly, and provide you with a formal written decision with reasons.

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If we cannot satisfy your concerns, you are entitled to complain to our regulatory body