

TYMOTHY ROY WELLNESS

Tymothy Roy
Coach/RMT/Creator - *Deep Issue Massage Method*
Mailing Address: Suite 13, 918 – 16 Avenue NW, Calgary, T2M 0K3
Tel (403) 200-2799

Services Agreement

The purpose of this document is to provide you with an outline of the services we have agreed upon, which is required prior to receiving the services of Tymothy Roy Wellness.

Please read this form carefully before signing at the bottom.

This document outlines:

1. Confidentiality and limits on confidentiality
2. Informed consent to assessment and/or treatment
3. Fee disclosure
4. Consent to release information

1. CONFIDENTIALITY AND LIMITS ON CONFIDENTIALITY

All communications with Tymothy Roy Wellness and all records relating to the provision of all services are confidential and cannot be disclosed without the client's (or guardian's) written consent. The law does, however, place certain limits on the confidential nature of coaching and massage services.

Typically, these limits on confidentiality may arise if a therapist/coach perceives there is a risk of harm in situations such as the following:

Imminent danger to self or others

If a person presents an imminent danger to themselves or others, the law requires that steps be taken to prevent such harm, which can include releasing information about a person's psychological state.

Abuse of children

If a child is in need of protection from abuse or maltreatment, a report must be filed with the appropriate agency or authorities, which will also be documented in the clinical file. You can ask me about the different reporting obligations that exist for the protection of children.

Abuse of vulnerable adults

If a vulnerable adult is abused or neglected, a report may be filed with the appropriate government agency, which will also be noted in the clinical file. You can ask me about the different reporting obligations that exist for the protection of vulnerable adults.

In addition, confidentiality cannot be guaranteed under the following circumstances:

Court Orders

I may be served with a Court Order to appear as a fact or expert witness, or to release your records to the Courts or their representatives, if you are in trouble with the law or have matters involving potential litigation.

Third party payers

I do not Third Party bill. You are entitled to receive a receipt with my association credentials for verification and approval by your insurance provider.

Minors

A guardian may have the right to impose a limit on your right to confidentiality if you are a minor.

Email communication

Email is simply not a secure form of communication, therefore I cannot guarantee confidentiality if you contact me by email, or if you ask me to respond to an email message with a written response.

2. INFORMED CONSENT TO ASSESSMENT, COACHING AND/OR TREATMENT

Benefits

Deep Issue Massage Method can address the body's role and relationship with symptoms such as anxiety, depression, anger, grief, relationship concerns, and historic or ongoing abuse. We do not make any assessments beyond that of a registered massage practitioner, and it not a substitute for the care of a psychiatrist, psychologist, psychoanalyst, or other mental health professional.

Deep Issue Massage Method can help people to gain new understandings about themselves, bring relief from many different problems, and increase quality of life in numerous ways.

Risks

In working to achieve these benefits, you may address issues or make changes that you experience as distressing. These risks include, but are not limited to, feelings or circumstances becoming worse before they get better, changes in your emotional state, perception or behaviour, and changes in occupational, social, or personal relationships.

Progress and effectiveness

To achieve the greatest progress, I will work to provide the best and most appropriate care for you. You can facilitate this process by being active in the process, maintaining your motivation, completing agreed upon assignments between sessions, and communicating openly and honestly.

The length and frequency of sessions, as well as duration, can vary significantly between clients, and can be discussed at the beginning and throughout the course of care.

Guarantee

For your Introductory Session, I offer a no-questions-asked-money-back satisfaction guarantee. I offer this because having a full session, after our thorough Consultation, ought to provide enough experience to know if this work is for you.

Past that, success and/or satisfaction cannot be guaranteed, I ask that you advise me if you do not feel satisfied with your progress. We may be able to work through the issues in your tissues, modify the approach, or negotiate a new contract. In some instances, this may mean making an appropriate referral, or even terminating further sessions. You can choose to leave discontinue my care at any time.

However, leaving therapy is best accomplished in consultation during sessions so please discuss any issues as they arise with me directly.

Additionally, when it comes to *The Intensive*, please be advised that you have until the end-of-day after your 2nd session to make your decision for pro-rated refund, thereafter, any remaining credit balance can be used against other sessions or products.

Additional treatment

You are free at any time to pursue alternative options for treatment such as psychotropic medications, emergency services, self-help groups, and the services of other mental health professionals who may offer different training, techniques, specialties, and theoretical approaches. Generally, it is best to work with only one professional at a time because interactions may occur that can deter from our work together, so please let me know if you choose to participate in additional therapies.

Contact

I may be difficult to reach directly at times because I am often in session in or out of the office. To contact me, please send me an email at tym@tymothyroy.com as I check my email regularly. Member clients will be given my personal mobile number in case of any kind of genuine emergency.

Crises and Emergencies

If you feel an urgent need to reach me, please leave a voicemail message stating that the matter is urgent. If I am unable to call or see you as soon as needed, you may choose to contact an alternate source of support, including one of the following 24-hour crisis centres:

- Calgary Distress Line – 403.266.1605
- Eastside Family Centre and Westside Family Centre, Crisis Line – 403.299.9699
- Canadian Mental Health Association, Suicide Services – 403.297.1744
- Hospital Emergency Departments

3. FEE DISCLOSURE

Sessions are 90 minutes, unless otherwise agreed upon. I can occasionally increase the length of a session after the session has started, on a case-by-case basis.

Fees

My fees start at \$247 for per 90-minute session. Normally, payment is required at the time of each appointment using Visa or Mastercard. However, certain circumstances are allowable whereby payment at time of service can be arranged, including cash and cheque. Please note a fee of \$45 will be applied to any N.S.F. cheques.

Consultation, report writing, letters, photocopies, and forms completed outside the session time will be billed in \$50 per 15-minute increment of the service being provided.

Cancellation policy

The time of your scheduled appointment has been reserved for you. Due to the unique nature of this work, I ask that you give at least **two (2) business days** advance notice if you need to cancel or reschedule an appointment. If you do not do so, you will be charged the full fee for the session.

Exceptions can be made in the event of an emergency. However, please call as soon as possible. I will provide you with an appointment card so you can verify the times and dates of appointments unless you decline the card, or if the appointment is made over the telephone or by email.

4. CONSENT TO RELEASE INFORMATION

All communications with your practitioner and all records relating to the provision of services are confidential. Because of this, I will ask you to provide written consent before speaking to, or communicating in writing with, anyone about your care.

Examples of times you might want me to communicate with someone on your behalf might be to speak with a friend, family member, or other support personnel that you would like to be a part of your healing and success process.

A copy of the written consent form that I use, titled Consent for Release of Information is located on the final page of this document.

SIGNING THIS FORM INDICATES THAT YOU HAVE READ AND UNDERSTAND THE CONTENT OF THIS FORM AND THAT YOU AGREE TO THE TERMS OF PAYMENT.

Name: _____ Date: _____
(Client)

Signature: _____

Name: _____ Date: _____
(for Tymothy Roy Wellness)

Signature: _____

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Consent for Release of Information

I, _____, authorize Tymothy Roy Wellness to:

Share the following personal information:

With the following individuals:

For the following reasons:

I am aware of and understand the risks and benefits of consenting, or refusing to consent, to disclose this information. I understand that I may revoke this authorization in writing at any time. The revocation will be effective except to the extent that action has already been taken based on the authorization.

Authorization will expire on: _____

Signature of Individual

Date

Witness

Date