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## Janina Kanonas Fenton, MA

REGISTERED PSYCHOTHERAPIST #007068

*I provide this information to help you make an informed choice about doing supervision or consultation with me. At the beginning of our next session, I will confirm that you have read this “informed consent” document, review it briefly with you, and ask whether you have any questions.*

### Our process

We will meet at times we agree upon, and for as many sessions as we agree to undertake as we move forward. Our agreement to work together can be modified at any time, and at the request of either party, processed in a mutually respectful way.

In sessions, I will trust you to bring forward issues of concern that you have about your work with any of your clients. I will explore your thoughts and feelings with you, and offer my responses – observations, theoretical ideas, and practical suggestions. My intention is not to direct your therapy work, but to help us open up “space for thinking” together, and in the process to help you learn and grow in ways that make sense to you. I appreciate your initiative in setting goals for yourself and your feedback about what works best for you as we do supervision or consultation together.

### Privacy and Confidentiality

I am careful to safeguard access to the personal information you share with me. I do not collect or use your personal information without your informed consent, nor do I disclose information without your authorization, except where such disclosure is permitted or required by law.

Whatever we talk about is strictly confidential, but there are the following necessary exceptions:

(1) If you disclose a situation in which you or another are at imminent severe risk of physical injury; (2) If you disclose a situation of physical harm, neglect, or sexual abuse of a minor; (3) If you disclose information about unethical practices performed by an Ontario regulated health professional; (4) If my records are subpoenaed by court order.

### If you need to contact me between sessions

The best way to contact me between sessions is by email at [spercounsellingservices@gmail.com](mailto:spercounsellingservices@gmail.com). You may leave a telephone voice mail if you prefer, 905-410-4673. Unless I am out of town, I will respond by the end of the next business day.

### Fees, receipts, and insurance

I charge between \$140-165 for a 50-minute session of supervision or consultation. The fee is payable by cash or cheque in session or by e-transfer *before* the session to which it applies. I will provide a receipt for each payment, or for a block of sessions if you prefer.

### Cancellation policy

If I need to cancel an appointment, I will give you as much notice as possible. If you need to cancel, please give me as much notice as possible. Please note that I charge the full fee if I receive less than 24 hours notice of cancellation, and that this fee is due within one month of the missed session.

### Ethics and Standards of Practice

I am a member of the College of Registered Psychotherapists of Ontario (crpo.ca). I adhere to the codes of ethics of practice of each College, which you can find on the CRPO's website, along with their complaints and discipline guidelines.

For members of CRPO and on request as we finish our work together, I provide the following CRPO documents: (1) Clinical Supervisor Attestation Form, and (2) Direct Client Contact Confirmation Form.

*If at any time you have questions about these protocols or about our process of working together, please feel free to ask. I welcome conversation, and I like clarity for both of us.*

*Thank you,  
Janina*