

Ottawa Art Therapy Inc.

THIS AGREEMENT WITNESSES THAT in consideration of the mutual covenants and agreements herein and subject to the terms and conditions in this agreement, and other goods and valuable consideration, the receipt of which are hereby acknowledges, the parties agree as follows:

1. Enrollment Contract/Agreement Initial (s): _____

I/We apply to enroll myself/my dependent/my organization, _____ in sessions offered by Ottawa Art Therapy, commencing _____ for _____ weeks (the "Contractual Term").

I/We agree upon _____ [number of sessions] sessions per week at a Session Fee of \$ [] per hour.

The following Session Fees correspond to the Contractual Term stipulated above:

- | | |
|---|---------------------|
| a. Skill Development Session to Session Contractual Term: | \$60* /hour session |
| b. Session to Session: | \$90*/hr |
| c. 10 hours or more: | \$80*/hr |
| d. 20 hours or more | \$70*/hr |
| e. Sibling group (2 – 4 people) | \$130*/hr |
| f. Skill Development ABA/IBI (BCBA Supervised): | \$55**/hr |
| g. Practicum Student | \$20/session |

*+HST

** including HST

Fees are prepaid for 2 weeks at a time if signed up for option (a), (c), (d), or (e). If you wish to provide post-dated cheques for the entire Contractual Term, fees will be payable on the day of the session. Fees are to be paid prior to the session for option (b).

A written request is required by the client/s if they seek to increase the weekly hours and/or change session time. Ottawa Art Therapy does not guarantee that the request will be granted but will do its best to accommodate.

2. Therapy Hours Initial (s): _____

I/We apply to have myself/ our dependent attend sessions at Ottawa Art Therapy on this/these days of the week (circle corresponding day):

Mon Tue Wed Thu Fri Sat Sun

From _____:_____ until _____:_____ Initial (s): _____

3. Late Fine

If Applicable, parents/guardians are asked to be on time to pick up their dependents (those who are not safely able to wait in waiting area alone) at the end of their session. Those who are unable to arrive by the designated time are encouraged to make alternate arrangements to ensure that their dependent is picked up on time and Ottawa Art Therapy is advised. A late fine of \$20.00 will be imposed for those who pick up their dependent 15 minutes after the designated times for each session. The fine is payable to Ottawa Art Therapy Inc.

Initial (s): _____

4. Absences

In the event of your/your dependent’s absence you must notify Ottawa Art Therapy directly 24 hours in advance, in order to reschedule the session. The sessions must be rescheduled within 2 weeks (14 days) from the original session date. If not, or late notification is provided no credit will be issued. If signed up for option “b”, a notice of 4 hours prior to rescheduling the session must be given. A session must be rescheduled within 7 days or no credit will be issued. For option “b” a 24 hour cancellation policy applies.

Ottawa Art Therapy reserves the right to reschedule sessions due to emergencies or illness of the therapist.

5. Confidentiality

Initial (s): _____

All information contained in you/dependent’s file is considered confidential and can only be released with the client’s consent and/or the consent of the parent/guardian or if required by law

6. Fees

Initial (s): _____

Payment of session fees are due and payable by way of cash, e-transfer, post-dated cheques, or through our website server based on the terms of this agreement.

Payments are due at least 1 week prior to each session, with payment for first and second session paid when commencing contract. If more than one session schedules per week, the client and Ottawa Art Therapist must come to written agreement on payment schedule before commencing sessions.

Late payments are subject to \$20/ week fee after session date and a \$5 fee/day after notice has been given. Dishonored cheques are subject to a \$50 fee.

Please make all cheques payable to **Ottawa Art Therapy Inc.** E-transfers are sent to jvlaming@ottawaarttherapy.ca

Initial (s): _____

7. Re-scheduling

If Ottawa Art Therapy is provided with due notice (24 hours in advance), a session may be rescheduled within 14 days if session times are available

A client's schedule may be modified by Ottawa Art Therapy. A minimum of 2 weeks' notice will be provided

8. Illness

Should you become ill, we ask you to remain at home and reschedule. If your dependent be uncharacteristically uncomfortable, ill or have an infectious disease, we will notify the parent/guardian and request that he / she be picked up early. They should remain at home until fully recovered.

Clients who arrive ill (e.g. with a fever, infectious disease et cetra), will not be admitted to therapy.

Ottawa Art Therapy will not allow any person to enter the centre who presents with any of the following symptoms in the past 24 hours:

- Diarrhea
- Vomiting (not concurrent with tantrum behavior or dietary issues)
- Fever
- Red and runny eyes
- Unexplained and untreated rashes (including chicken pox)
- Green or dark yellow discharge from the nose
- Head lice or nits

Initial (s): _____

In the event of a serious medical emergency, I/ we give permission to Ottawa Art Therapy to call an ambulance and have myself/our dependent transported to a hospital.

Initial (s): _____

9. Service

I/we understand that Ottawa Art Therapy reserves the right to refuse or terminate service should I/our dependent not respond to the demands or therapy given reasonable attempt by the therapist.

I/we understand that Ottawa Art Therapy reserves the right to refuse or terminate service if I/our dependent engages in self-injurious aggressive or destructive behavior that cannot be adequately managed to ensure the safety of the client and therapist.

I/we understand that Ottawa Art Therapy cannot guarantee success of the therapy

10. Cancellation/Termination

Initial (s): _____

This Agreement cannot be terminated unless the contract is chosen for option (a), (d), or (e) in which case 2 weeks' notice must be given to end contract.

Initial (s): _____

11. Waiver

No waiver of any of the provisions of this Agreement shall be deemed or shall constitute a waiver of any other provisions (whether similar or not) nor shall such a waiver constitute a continuing waiver unless otherwise expressly provided in written form and agreed by both parties.

Initial (s): _____

12. Acknowledgement of Terms of Entirety

The client/s acknowledges that he or she has read the Agreement, understands it, and agrees to be bound by its terms and conditions. Further, the client/s agrees that this Agreement is the complete and exclusive statement of the agreement between the parties, which supersedes all proposals or prior agreements, oral or written, and all other communications between the parties relating to the subject-matter of this Agreement.

Dated at this _____ day of _____, 2019 in Ottawa, Ontario

Signature of client/ parent/s and/or guardian/s:

_____ Print name: _____

_____ Print name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: _____

Emergency contact:

Name: _____

Relationship: _____

Contact #: _____

Any other important information: _____
