

# Please send referrals to: Colleen Boyce

# ICS NRIO'S ART & MUSIC THERAPY PROGRAMS

Thank you for your interest in our program, we can't wait to get you started!

Please complete the form below and return to Bandana Chopra, Program Manager at

BChopra@nrio.ca

**F** 416.231.9982 **E** groupprogram@bayshore.ca www.bayshore.ca

Please note, virtual sessions will be taking place via Teams, and will therefore require a computer/laptop with a camera and audio function, as well as a WiFi connection. In person sessions will be held at NRIO's head office at 59 Beaver Bend Crescent. All sessions are conducted by certified neurological therapists.



T 416.231.4358 Ext: 37122

## I AM INTERESTED IN:

\*Check all that apply.

ART THERAPY	MUSIC THERAPY
1 ON 1 SESSIONS	1 ON 1 SESSIONS
Focusing on emotional and mental health and	Focusing on emotional and mental health and
healing through art therapy. Sessions are 50 minutes	healing through music therapy. Sessions are 50
each, for a minimum of 4 weeks @\$89.00 per hour +	minutes each, for a minimum of 4 weeks @\$89.00
HST.	per hour + HST.
GROUP SESSIONS	GROUP SESSIONS
Sessions are 60 minutes each and run weekly on	Sessions are 60 minutes each and run weekly on
Monday's (in-person) and Saturdays (virtual).	Thursdays (in-person) and Sundays (virtual).
Recommended Supplies: acrylic paints, paint brushes, pencil crayons, markers, scissors, glue, pencil, pipe cleaners, white and construction paper, & magazines	Recommended Supplies: hand drum

Group Therapy Costing Options		
Monthly:		
1-Month (4 sessions): \$160.00 +HST		
3-Month (12 sessions): \$480.00 +HST 🖂		
Flexible:		
6-Months (can attend up to 2 art or music sessions per week): \$950.00 +HST		

## **GETTING TO KNOW YOU!**

Name			
Date of Birth			
Gender			
Medical Condition / Special Needs			
If interested in 1on1 sessions, please indicate your			
availability for sessions (e.g. Mondays 5pm)			
Contact Information	Name / Relation (if not client):		
	Phone Number:		
	Email Address:		
Preferred Method of Communication	Email	Phone Call	Toyt Mossage

# PROGRAM PARTICIPATION CONSENT

#### **Purpose**

The purpose of this form is to obtain your consent to participate in virtual/in-person Art Therapy and/or Music Therapy sessions with ICS NRIO's certified Art Therapist and/or Music Therapist.

## Confidentiality

The laws protecting your confidentiality of your information also apply to virtual. Information regarding your virtual sessions and any other personal information you share will be kept strictly confidential except under the following circumstances: in cases of suspected child abuse and in cases where bodily harm to yourself or another person is threatened, your therapist is required by law to inform the appropriate authorities; if your therapist is subpoenaed to provide information regarding your sessions in a court of law. Please note that while all attempts to establish and retain a secure connection online or via telephone have been made, it is at times not possible to guarantee 100% protection of the confidentiality of telephone/online communication.

## **Session Safety Requirements**

Given that virtual sessions means that client and the Therapist are not physically located in the same place, an extra step to ensure client safety is required. You will be required to provide the physical address of your location at the beginning of each telephone or online appointment.

### **Ensuring the Privacy of Your Session**

It is essential that you feel comfortable during your session. Please make arrangements to be in a room where you will not be interrupted. For virtual sessions, your Therapist will ensure that they are in a room alone with a closed door free from distractions in order to provide you with their full attention.

# Rights

You may withhold or withdraw consent to sessions at any time.

I agree to participate in virtual/in-person sessions.	
Name:	
Signature:	_ Date:
Witness:	Date:

FUNDER INFORMATION
MVA Insurance Company
■ WSIB
☐ Private
Adjuster / WSIB name:
Address:
Phone number:
Email / Fax number:
Claim # (if applicable):
Private Pay Agreements (if applicable):
Name:
Relationship to participant (If applicable):
Contact number:
Address:
Method of Payment:
Credit Card
Cheque
* Payments must be made in advance of the program start date to secure program registration. All credit card numbers must be provided over the phone to Dianne Roach at (416)231-4358 ext. 32612 or Jenifer Goodine at ext. 32738.
REFERRAL INFORMATION (please include injury and impairment information)

Bayshore Integrated Care Solutions, NRIO