

# surgery planning sessions

for trans and nonbinary clients

## Provision of Service

This service is intended for anyone in Ontario who requires a support letter from a second assessor to pursue transition-related surgeries (TRS).

## When do I need this service?

If your physician has already submitted or is in the process of submitting, prior-approval forms to the Ministry of Health & Long-Term Care to secure funding (i.e. OHIP) for transition-related surgery, you're ready for the next step. Clients seeking lower surgery are usually required by the surgical team (e.g., GRS Montreal) to provide two letters of support: one must be from a primary care professional and the other from a social worker (or another approved professional).

## What Are We Assessing?

This process is not intended to assess the validity of your gender identity. You already know who you are. Our role is to assess and support your readiness for surgery. It is essential that your consent to receive surgery is well-informed. This includes thinking through social, emotional and logistical challenges that you are dealing with currently or that may arise before or after surgery and making a plan to ensure you are prepared. That also means creating a space to identify new questions you might want to ask your doctor or surgeon.

## Visits & Process

Most clients receive three to five surgery planning visits and review the second assessor letter with the social worker/counsellor. If something else related to your mental health emerges during these visits, the number of sessions can be extended and, in most cases, does not interfere with your surgery wait time.

## Virtual Therapy / Planning Sessions

I understand that using email can never be 100% secure despite all efforts. I can take steps toward protecting my own personal health information by limiting content shared over this platform.

Video conferencing software is fairly secure but requires a commitment from the therapist and client in order to be maintained. I understand that any type of recording—including audio/video and visual screenshots—of the virtual session compromises the integrity of the services being offered.

I understand that virtual counselling does not replace in-person care in case of acute crisis, and I agree to seek care in an Emergency Department as necessary.

### **Confidentiality**

I understand that all services provided by my therapist are confidential. My psychotherapist will obtain my written consent prior to releasing any information except where required by legislation or directed by the courts. Such exceptions may include reporting to child welfare agencies, suspected child abuse or a child in need of protection; informing someone in a position of authority if you, the client, are at imminent risk of ending your life or harming others; or, providing information as directed by the courts through subpoena, search warrant, or other legal order.

### **Billing**

I will be invoiced electronically at the end of each session and will pay electronically on receipt or at the end of the month. Current rates can be found here:

<https://www.affectiveconsult.ca/fees>

### **Professional Qualifications**

Rahim Thawer is a registered social worker with the Ontario College of Social Workers & Social Service Workers. He holds a Master of Social Work degree from the University of Toronto (2011) and has undertaken additional training in psychodynamic treatment, cognitive behavioural therapy, and Gestalt methods. Rahim is a cis queer therapist who has experience in providing trans-competent care.

OCSWSSW Registration #819571

### **Dual Relationships**

As a therapist that is an active member of the 2S-LGBTQ+ community, Rahim commits to discussing potential conflicts of interest, privacy issues, and concerns related to boundary crossings throughout the therapeutic relationship. These conversations can also be initiated by the client and are welcome.

## Consent to Service

By providing my signature below, I indicate that I have read and understood this service agreement and I agree to its terms and conditions. I have asked and received answers to any questions concerning surgery planning sessions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### ADDITIONAL INFORMATION - required

\_\_\_\_\_  
Legal Name

\_\_\_\_\_  
Chosen Name

\_\_\_\_\_  
Pronouns

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Email Address