

Client Consent to Participate in Therapy

Therapeutic Interventions

Effective therapy is a collaborative process working towards mutually agreed upon goals. There are some risks associated with therapy sessions. As you explore aspects of your life, there may be unpredictable results, which lead to painful memories, and/or emotions. A psychologist's goal is to provide you with the tools to help manage these emotions. All psychological interventions will be explained to you. Occasionally, a particular intervention might involve the use of physical touch. In such cases, you will be asked for permission to use touch. You have the right to refuse any therapeutic intervention offered during a session. You also have the right to terminate any intervention that is underway simply by saying "stop."

Note: This office may use Animal Assisted Therapy. If, for any reason, you do NOT want an animal present, please provide the therapist 24 hours notice.

Scheduling, Cancellations and No-Shows

As of Jan 1, 2021, most sessions will be 50 minutes (the standard 50 min hour). If longer sessions are required, this will be arranged in advance. Initial family and couple sessions tend to be 1.5 hours. Please ensure that you arrive on time for your session. Session times will not be extended to accommodate late arrivals. **Cancellations must be received 24 hours prior to the scheduled appointment. If 24 hours of notice is not given, you will be required to pay THE FULL AMOUNT for the missed session before booking another session.** If you are 30 minutes late for a session, it is considered a missed session. Following appointments will not be made until fees are paid and failure to pay fees may result in the automatic closure of your file and the possible forwarding of the amount owing to a collection agency.

Location of services We are located in #304, 10171 Saskatchewan Drive. This is the historic Ritchie Mill building. There is ample parking along side our building and in our parking lot to the WEST of the building.

Payment

My fee for therapy is the recommended rate of the Psychologists' Association of Alberta - \$200.00 per (50 min) hour. http://www.psychologistsassociation.ab.ca/site/recommended_fee_schedule

As of January 1, 2020, we charge \$200.00 per one (50 min) hour session or the equivalent if sessions are longer.

- Services done outside the therapy hour such as report writing, telephone consultation, letters, and form completion are billed in 30 minute increments at the rate of the service being provided, usually \$200.00/hour.
- Contact made in any form to address appointments and scheduling is NOT considered billable time.
- Payment will be made prior to the beginning of each session by either e-transfer to kim@edmonton-psychology.com, cash, cheque, VISA, or Mastercard. There will be a \$50.00 fee for returned cheques. A receipt will be provided by email which you can submit to your insurance company for reimbursement. We do not direct bill insurance companies.

We reserve the right to decline clients who have cancelled without sufficient notice or failed to show for 2 or more sessions.

Collection & Use of Personal Information

Personal information refers to information that can identify a person; such as personal characteristics (e.g., name, date of birth, home address and telephone number), health information (e.g., presenting problem, health history), or opinions (e.g., opinions expressed by an individual, evaluation of an individual). Personal information collected from clients is used to make appropriate referrals, provide professional services, maintain accurate accounting, bill clients for services rendered, collect unpaid monies, and inform clients about relevant upcoming services.

Record Keeping

Clinical records are maintained through Owl Practice which receives and stores information securely and is compliant with PHIPA, the College of Alberta Psychologists, and PHI. Should you wish to access your clinical files, you may do so via written request. If two or more individuals attend a counselling session, written records of the session may not be released to any parties unless written consent is given by each individual who attended. Clinical records are maintained for 10 years.

Confidentiality

All disclosures made in session are confidential and cannot be disclosed to a third party without your written consent except in the following potential cases.

- a) Imminent danger to yourself or others.
- b) Suspicion of abuse or neglect of animals or a vulnerable person such as a child, elder or mentally challenged adult.
- c) Court subpoena.
- d) Defending a malpractice suit.
- e) Collecting unpaid fees (which may be forwarded to a Collections Agency).

Also, if you have a work-related psychological injury, we are required by law to report the injury to WCB. If you have a third party payer such as an insurance company, we are required to respond to questions they may have in order to manage your file.

Note: As part of ethical and informed practice, we occasionally consult with colleagues regarding clinical issues to ensure clients receive the best support we can provide. Any information shared is done in a way that respects client confidentiality.

Crisis support

We DO NOT provide 24/7 emergency or crisis services. If an emergency occurs, it is the clients' responsibility to use designated crisis services available in the area, or proceed to the nearest emergency department. Following any emergency, clients can contact us in order to book an appointment at our earliest availability. Possible Crisis Services: 211, Distress Line (780.482.HELP), Adult Mental Health Response (780.342.7777), Children's Mental Health Crisis Line (780.427.4491).

Termination of Counselling by the Psychologist

Although it rarely happens, the therapist reserves the right to terminate the counseling process for multiple reasons including, but not limited to: the therapist perceives a lack of involvement by the client, it becomes reasonably clear that the client is not likely to benefit or is being harmed from the service, there is a violation of the terms of this agreement, the client (or another person with whom the client has a relationship)

threatens/compromises the safety of the therapist, or the schedule of the therapist is required to change for professional or personal reasons. You will be provided with pre-termination counseling and other service providers' names or resources.

Your signature below confirms that the above information has been read by you, you have had the chance to ask questions about the information, and that you accept the terms outlined within it.

Client's Signature _____ Date: _____

Client's Signature _____ Date: _____

Therapist's Signature _____ Date: _____

Client Information

Client Name

Client Name

Birthdate

Age

Birthdate

Age

Address

Address

Number you wish to be contacted at
Is it OK to leave a message at this number? Y / N

Number you wish to be contacted at
Is it OK to leave a message at this number? Y / N

E-mail
Would you prefer **text** or **e-mail** reminders or **none**? (circle)

E-mail
Would you prefer **text** or **e-mail** reminders or **none**? (circle)

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