

Informed Consent

I am pleased to welcome you and look forward to working with you. This form provides key information to clarify the terms of our involvement in counselling.

Confidentiality

The information that you or your family shares with me will not be revealed to any person or agency without your written permission. Your information will be kept on file in a secure and private location. You may review the contents of your file upon request. There are certain situations which I may disclose personal information in accordance with ethical and legal requirements and standard business practices.

- 1. If I have reason to believe that you are in danger to yourself or others I have a duty to protect the safety of yourself and others. This means I may need to disclose confidential information to the appropriate authorities who can intervene on behalf of the person(s) at risk.
- 2. If your psychological file is subpoenaed to court the information must be revealed.
- 3. Information indicated child abuse or neglect must be reported to Child Welfare authorities.
- 4. Parents or legal guardians of a minor have the right of access to information about their dependent during counselling. There are exceptions to this when all parties agree ahead of time to the confidentiality of information disclosed. This will be discussed on a case-by-case basis where applicable.
- 5. My professional activities are regulated by the College of Alberta Psychologists who may inspect records and interview staff as part of their regulatory activities in the public interest. External regulators have their own strict privacy obligations. Also, like all organizations, various government agencies (e.g. Canda Customs and Revenue Agency, Information and Privacy Commissioner, Human Rights Commission, etc.) have the authority to review files and interview staff as a part of their mandates. In these circumstances, I may consult with professionals (e.g. lawyers) who will investigate the matter and report back to myself.
- 6. If you consent to release the information. In these cases, information will be shared on a minimal, need to know basis.



Email or Texting Privacy

Email or texting can be very quick and convenient. Many clients use it to communicate with their therapists. However, I cannot guarantee the confidentiality of email correspondence. If this is a concern for you please do not send me an email or text. I will only use email or text to communicate with you as you authorize it or request it. In addition, clients should be aware that I typically will not respond to texts or emails outside of business hours.

Sessions on Line

Although on-line sessions can be convenient, easier on the environment and very effective there are some limitations that we need to consider.

• Therapeutic Limitations and Alternatives to On-Line Counselling

Please be aware that there is the potential for misunderstandings in conversation when visual cues are absent and/or limited in communications during on-line or telephone communications/sessions. There will always be a strong need to seek clarification on the part of all parties when questions of misinterpretations surface. Please bring up any concerns you may have in regard to this so that we can work through them together.

I will need to routinely review the appropriateness of service delivery to determine if on-line sessions remain in your best interest. If we have agreed that in-person sessions would be more effective, we will move to this type of session when possible. If this is not possible, we will review the options for referrals to different resources if needed.

Technology Limitations

Please be aware that technology-related complications (e.g., time delays, equipment failure, and poor internet speeds) may result when engaging in on-line counselling. We will do our best to work together and find ways to overcome these difficulties. If on-line session format is not working for technical reasons, we will switch to a telephone line conversation.

Although there are many secure and encrypted forums to accomplish on-line sessions, I cannot guarantee all information transmitted via the internet is secure.

Because of the nature of on-line sessions there may be increased effort to protect client information (e.g., client verification). I may use a password or code or ask to see identification to ensure I am speaking to the person I intended to speak to.



Confidentiality Limitations

With the use of technology there are some limitations and risks. There is a risk of possible hackers, internet participation being discovered by others, or risk of public discovery. Although we will make our best efforts to avoid this please be aware that there is always a risk when we work on-line.

Emergencies

If we are meeting on-line please be aware that we may need to access emergency resources in the event that on-line communication is not sufficient to keep you safe. We will discuss your own emergency contacts and if, needed, local medical professionals or emergency services.

Payment of Services

The fee is \$180.00 for each 50 minute session. Payment for service is required at the time of each appointment. At this time e-transfers are accepted. If you have extended health benefits, please submit your receipt for reimbursement. Most insurance plans cover on-line sessions with registered psychologists. In special circumstances a sliding scale or pro-bono sessions may be an option.

Cancellation Policy

The appointment time you have booked is reserved exclusively for your use. If you find you are unable to keep an appointment please advise me as soon as possible. Cancellation or rescheduling of an appointment requires twenty four hours advance notification to avoid being charged the missed appointment fee of \$35.00.

Emergency Assistance

If your life or safety is in danger please phone 911 or go to the nearest emergency room. For further emergencies a useful resource is the Calgary Distress Centre (24 hrs) at (403)266-1605. Non-urgent concerns should be reserved for a scheduled appointment.



Complaints or Questions

It is important to me that you feel that you are benefiting from our work together. Please let me know if you have concerns or questions at any point in counselling. I will do my best to resolve your concerns and answer your questions. However, you may also voice concerns or complaints to the regulatory body based here in Alberta.

Your Signature		
Your signature below confirms that the above information has been read by you or to you and that you accept these terms for yourself and/or your child.		
Print Name	Signature	Date
Print Name	Signature	Date