



# *Harnessing Power to Transform*

sanfordpsychological.com | info@sanfordpsychological.com | 587-830-0165

## **CONSENT FOR PSYCHOLOGICAL SERVICES**

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains information about your rights and responsibilities as a client. Although this document is lengthy, it is very important that you take the time to read and understand it. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign it or at any time in the future.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client receiving psychological treatment, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your psychologist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

### **PSYCHOTHERAPEUTIC APPROACH**

- I aim to provide an environment that is safe, comfortable, collaborative, and inclusive which offers support, encouragement, and hope and facilitates opportunities for insight, healing, growth, and change. f
- In my practice, I use an eclectic approach to therapy with an emphasis on Cognitive Behavioural, Emotionally-Focused, Solution-Focused, Family Systems, and Mindfulness Based Cognitive Therapy to meet the unique needs and desires of my clients.
- I highly value a collaborative approach to therapy which generally involves asking questions, sharing information, providing feedback and suggestions, and following the lead of my clients in determining what is most helpful at any given time.

### **CONFIDENTIALITY**

- All information shared with me is confidential. No information about you will be released without your written authorization.
  - It is important to be aware that communication via email and/or text message is not a secure method of communication. It is not recommended that therapeutic information is sent via email or text message.
- All personal information that is collected is done so under the Privacy Protection Act and is gathered solely for the purposes of collecting fees, providing an invoice, mailing or faxing forms, imparting information, and arranging appointments. This information will not be released to other third parties.
- Verbal consent for limited release of information may be necessary in special circumstances which will be discussed and attained prior to any action taken with your information.
- All other requests for your personal information to be either released or obtained by myself or other professionals (i.e. your family physician, psychiatrist, lawyer, insurance company, employer, etc.) will be discussed as they arise and will require your written permission. If I agree to write a letter, provided time allows, I will review it with you prior to sending it out.
- **There are three conditions under which I am ethically and legally bound to share confidential information with others:**
  - 1) When there is risk of imminent danger to yourself or others.
  - 2) When there is a reasonable suspicion that a child, elder, or any vulnerable person is being sexually, physically or emotionally/psychologically abused or neglected or is at risk of such abuse.
  - 3) When the court issues a subpoena regarding information that has been shared in therapy or obtained as part of an assessment.

### **APPOINTMENTS**

- Individual therapy sessions, although scheduled for an hour, are typically 50 minutes in duration. The remaining 10 minutes are then used for necessary record keeping.
- Therapy sessions may be done face-to-face, on-line, and/or over the phone, as mutually agreed upon.

- Session frequency will be determined collaboratively and may vary over the treatment period, depending on the special therapy goals and the procession of treatment.
- It is your responsibility to arrive at your scheduled session on time. If you are late, your appointment will still need to end on time. In the case that I am running late with another client, I will ensure you receive the full length of your session and/or provide you with the option of rescheduling.
- If you need to cancel or reschedule a session, you must inform 48 hours prior to out scheduled appointment time.
- Unless excused due to circumstances beyond your control (i.e. extreme weather, severe illness, an emergency, etc.) **Late Cancelations (less than 48 hour notice) and No Shows/Missed Appointments will be automatically billed at the full amount of the cost of the session booked.**

### FEE ARRANGEMENT

- The standard rate is **\$200 for a one hour session for psychotherapy** (comprised of a 50 minute session and 10 minutes for record keeping).
- Other billable services, such as professional letters, form completion, and review of written records from other specialists are billed at 15 minute increments as required at the fee of \$200 per hour.
- **Payment can be made by cash, interact, or credit card at the time of the appointment.**
- A receipt of your payment as well as an Invoice which can be used for reimbursement will be given to you in the form of email and/or printed copy.
- In the case that you are unable to remit payment for a session, it will not be possible to book another session until such a time as you have paid all outstanding fees.
- All fees are tax deductible and may be covered in full or in part by your extended healthcare benefits.

### TERMINATION

- Termination of therapy may occur at any time and may be initiated by you or myself.
- You are free to discontinue therapy without penalty or prejudice.
- You are encouraged to discuss a change in therapeutic approach, a change in therapist, or a referral to another professional with Melodie to ensure that you receive the best care possible.
- This consent will remain in effect until such a time as you discontinue services with Melodie by informing her of your intent to do so.

### PROFESSIONAL RECORDS

- I am required to keep appropriate records of the psychological services that I provide. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.
- I maintain client files on a web-based electronic health record system that is fully PHIPA compliant and has bank-level security with all information stored in Canada. Your information is protected by proximity readers, biometric scanners, and security guards 24 hours a day, 7 days a week, 365 days a year.
- Your file is stored securely online to protect your privacy and file information in the event of a fire, break and enter, theft, or loss.
- Client files are stored for a minimum of 10 years as required under the Health Professions Act.
- You can request access to your file at any time and I will gladly review it with you.

### CONTACTING ME BETWEEN SESSIONS

- I am often not immediately available by telephone or email. I do not answer my phone or respond to email when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail or send me an email and your call or email will be returned as soon as possible. Please note it may take a day or two for me to respond to non-urgent matters.
- Although you may contact me between sessions, it is expected that this would be for scheduling, requests for letter/release of information, referral and resource information, urgent situations, etc. as it is my policy that therapeutic information is only discussed during scheduled appointment times.
- If, for any number of unforeseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a returned call or if you feel unable to keep yourself safe, **please contact 911 or the Crisis Support Distress Line at (403) 266 – HELP (4357).**

## **RISKS AND BENEFITS**

- Therapy may provide significant benefits including but not limited to, resolution of presenting issues, strengthened relationships, and an increase in coping, self-care, insight, and healing.
- Therapy may also pose risks including but not limited to, experiencing uncomfortable thoughts and feelings, recalling troubling memories, and confronting difficult issues in various areas of your life.
- Choosing not to participate in therapy may result in greater discomfort, turmoil, or escalating risks.
- I encourage you to communicate your experiences with me throughout the therapeutic process as to minimize your risk and maximize your benefit.
- Therapy is most effective when you are comfortable with your therapist. If you do not feel comfortable or connected with me or you do not feel I am a “good fit” for your therapeutic needs and desires, I encourage you to either seek out another psychologist on your own or communicate your discomforts with me so I can assist in providing a referral to another professional.

## **CLIENT RIGHTS AND RESPONSIBILITIES**

- You have the right to be treated with respect, dignity, and without discrimination regardless of your age, gender, mental and physical status, sexual orientation, race, belief system or ethnic background.
- You have the right to receive psychological services from an ethical, competent, and professional psychologist whose work is informed by the Canadian Code of Ethics and Standards of Practice for Registered Psychologists.
- You have a right to ask questions at any time and be informed about my qualifications, areas of specializations and limitations, and the code of ethics which I follow.
- You have a right to be advised as to the limits of therapeutic services and discuss your treatment with others (including getting a second opinion).
- If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time.
- If your voiced concerns are not addressed and resolved appropriately, you have the right to file a formal complaint to the College of Alberta Psychologists via telephone at 780-424-5070, by email at [psych@cap.ab.ca](mailto:psych@cap.ab.ca), or by web at [www.cap.ab.ca](http://www.cap.ab.ca).
- You have the right to ask questions about and view your file notes at any time.
- As the client, you have the right and responsibility to set therapeutic goals for treatment and review these goals throughout the therapeutic process.

**The signature below indicates that you consent to receiving psychological treatment and have had the opportunity to review the above information and discuss any questions with me.**

Client (print) \_\_\_\_\_

Witness (print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

### CLIENT CONTACT INFORMATION:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_