

# GREATLIFE PSYCHOLOGY CENTRE

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## PSYCHOLOGIST-CLIENT SERVICE AGREEMENT INFORMED CONSENT

Welcome to Greatlife Psychology Centre. This document contains important information about our professional services and business policies. **Please sign last page after reading.**

It is very important that you read these documents carefully. We can discuss any questions you have at any time during our work together. When you sign this document, it will also represent an agreement between us. You may revoke this agreement at any time. That revocation will be binding on me unless I have taken action in reliance on it or if you have not satisfied any financial obligations you have incurred.

## PSYCHOLOGICAL SERVICES

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be successful, you will have to work on things that we discuss outside of our sessions.

## APPOINTMENTS

We will usually schedule 50-minute sessions during times and in time intervals we agree on. Our work together, your work away from our sessions and the progress observed will influence how often we schedule appointments.

If you cannot make an appointment and have to cancel, it is required that you provide 24 hours' notice. Please remember, you are responsible for coming to your session on time and at the time scheduled. If I am responsible for the late start in our session time, I will guarantee you a full session. We charge a portion of the fee for missed appointments so please do your best to make it to all your scheduled appointments.

## PROFESSIONAL FEES

**The standard fee determined by the Psychologist Association of Alberta, which generally last for 50 minutes, is \$200.00. Greatlife Psychology charges \$200.00 for a session.** You are responsible for paying for your session, (payment occurs at the beginning of the session) unless prior arrangements have been made. If you refuse to pay your debt, we reserve the right to use an attorney or collection agency in order to secure payment. In addition to appointments, it is our practice to charge this amount on a prorated basis for other professional services that you may require such as report writing, telephone conversations that last 10 minutes or more, attendance at meetings or consultations with other professionals which you have requested, or the time required to perform any other service

which you may request of us. If you become involved in a legal matter that requires our participation (although it is recommended that we discuss this fully before you waive your right to confidentiality), you will be expected to pay for the professional time required even if we are compelled to testify by another party.

## **FINANCING**

We accept cash, debit, cheque, or credit cards. You may also finance your therapy using an Employee Assistance Program, Government Funds, or Insurance. Please note that files with outstanding fees will be turned over for collection.

## **PROFESSIONAL RECORDS**

We are required to keep appropriate records of the psychological services that we provide. Although psychotherapy often includes discussions of sensitive and private information, normally very brief records are kept noting that you have been here, what was done in session, and a general mention of the topics discussed. Your records are maintained in a secure location.

## **CONFIDENTIALITY**

The confidentiality of all communications between a client and a psychologist is generally protected by law and we, as your therapists, cannot and will not tell anyone else what you have discussed or even that you are in therapy without your written permission. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements. With the exception of certain specific situations described below, you have the right to confidentiality of your therapy.

There are several exceptions in which we are legally bound to take action even though that requires revealing some information about a clients' treatment. If at all possible, we will make every attempt to inform you when this will have to be put into effect. The legal exceptions to confidentiality include, but are not limited, to the following:

1. If there is good reason to believe you are threatening serious bodily harm to yourself or others. If we believe a client is threatening serious bodily harm to another, we may be required to take protective actions, which may include notifying the potential victim, notifying the police, contacting family members or others who can provide protection, or seeking hospitalization for the client.
2. If there is good reason to suspect, or evidence of, abuse and/or neglect toward children, the elderly or disabled persons. In such a situation, we are required by law to file a report with the appropriate agencies.
3. In response to a court order or where otherwise required by law.
4. To the extent necessary, to make a claim on a delinquent account via a collection agency.
5. To the extent necessary for emergency medical care to be rendered.

## **CONTACTING PSYCHOLOGISTS**

We are often not immediately available by telephone. While we are usually in the office during our listed business hours, we do not answer the phone when we are with a client. If you need to reach us between sessions, you may leave a message on our confidential voicemail at any time and your call will be returned as soon as possible. If you feel unable to keep yourself safe, go to your nearest emergency room and ask to speak to the psychiatrist or psychologist on call. We will make every attempt to inform you in advance of any planned absences, and provide you with a name and phone number of the therapist covering our practice.

## **OTHER RIGHTS**

If you are unhappy with what is happening in therapy, we hope you will talk with us so that we can respond to your concerns. Such criticism will be taken seriously and with care and respect. You may also request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care,

without discrimination. You have the right to ask questions about any aspect of the therapy and about our specific training and experience.

**CONSENT TO PSYCHOTHERAPY**

Your signature below indicates that you have read this Agreement and agree to its terms.

I have read the above material and agree to its terms. I have had an opportunity to ask questions and receive answers.

\_\_\_\_\_  
**Client Signature**                      **Date**

\_\_\_\_\_  
**Client Name (Please Print)**

\_\_\_\_\_  
**Client Signature**                      **Date**

\_\_\_\_\_  
**Client Name (Please Print)**