



Great Heights
Calm Minds

CLIENT REGISTRATION FORM

Date: _____

Client Name: _____

Date of Birth: _____ Age: _____

Parent Name(s): _____

Occupation (s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone # _____

Email Address: _____

Referred by or Found by: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship to Client: _____

Welcome! Before your first counseling session/assessment session, it is important that you understand some of the guidelines by which this psychology practice operates. We encourage you to discuss this information to ensure that your particular needs are being met.

Confidentiality: The psychologists of Great Heights Calm Minds consider the personal information you discuss to be strictly confidential, with the following exceptions:

1. If your psychologist becomes aware that you have plans to harm yourself or another, she has a legal obligation to notify appropriate authorities to ensure everyone's safety.
2. If information is disclosed that a minor child is being sexually and/or physically abused, your psychologist has a legal obligation to contact appropriate authorities. We would encourage/support you in making this disclosure yourself, but if you were unwilling or unable, your psychologist would proceed to report the abuse and the source of the information.
3. By law, counselling records must be released if subpoenaed by a court order.
4. Parental consent is required for a psychologist to meet with a minor. Conditions of confidentiality regarding minors need to be negotiated with a parent/guardian. **If custody orders dictate that both parents, if separated or divorced, are required for consent, please inform your psychologist.**

5. Means of Contact: All means of contact – phone and e-mail are for administration purposes only (booking & cancelling appointments). Information shared cannot be guaranteed secure, therefore all confidential information should be disclosed during face to face or telepsychology sessions only. Email and Phone messages will be answered as soon as possible, but this is not an emergency service. In the case of an emergency, please contact the distress center 403-266-HELP, or 911.
6. Payment/Direct deposit: Email receipts can be sent directly to your email when paying with Square.

These are the only conditions in which confidentiality cannot be maintained.

There may be times when your psychologist deems it important to consult with other professionals connected with you or your family (such as a doctor or teacher). No consultation will occur without a specific reason and without your written authorization. As part of good case management and professional practice, your psychologist may consult with other professionals for advice or information. Such consultations, should they occur, are conducted with your best interests in mind, with respect for your confidentiality, and with identifying information omitted.

Fees

Fee for counselling/assessment vary depending on the years of experience and professional registration. The following is an updated fee schedule.

Registered Psychologist \$230 per 50 minutes;

Provisional Psychologist \$180 per 50 minutes;

Master's Student/ Pre-Professional \$80/ 60 minutes.

The 50 minutes time span with the client gives 10 minutes for the psychologist for file review, note taking, rescheduling and email resources. Hourly fee is prorated, should you wish to increase the length of the session (\$315/75 minutes; \$420/100 minutes.). Excessive emailing or calling over and above scheduling will be automatically billed through your credit card in 15-minute increments.

Services may be fully or partially covered through your independent insurance plan.

Method of payments: Visa, MC, E-transfer, Some direct billing.

Payment information

Fill in Below or digitally set up in session to create automatic payments.

Credit Card number on file: _____

Expiration: _____

3 digits on back: _____

Postal Code associated with card: _____

The Counselling Relationship

The counseling relationship is centered on the needs of you, the client. You are encouraged to let us know if you have concerns or dissatisfactions. We welcome your feedback.

Cancellations

48 hours notice to change or cancel an appointment is required. To avoid being charged a \$50.00 fee for a missed appointment (with less than 24 hours notice). Multiple late cancellations appointments will be charged the full session fee.

I Understand the above information regarding consent, confidentiality, fees and cancellation

Name _____ Signature _____