

Consent for Therapy and Confidentiality Agreement

Thank you for the opportunity to help you reach your goals. Please read the following pages carefully, and ask about anything that may be unclear. Your signature at the end will indicate that you have read and understand the information, and that you agree to the terms of payment and service.

My Qualifications:

I am a Registered Provisional Psychologist with the College of Alberta Psychologists (License #6311p). I have a Bachelor of Arts degree in Psychology and a Master's of Science degree in Clinical Psychology with a Forensic specialization. I guide my practice by the Ethical Codes of the Canadian Psychological Association. I am also a member of the Psychological Association of Alberta. As part of my Provisional status, I am under the supervision of Registered Psychologists, Sara Bawol and Michelle Crawford, with whom I regularly consult with to enhance my professional development.

Therapeutic Relationship:

I am hoping we will work collaboratively to help you work through challenges and achieve your goals. During our time together and between sessions, I expect you to be actively involved in the therapeutic process in order to enhance your overall wellbeing and restore balance to your life. With that, I may assign homework to maximize the effectiveness of therapy. I will invite your input to determine what would be the most realistic and useful things for you to commit to doing between sessions. We may also correspond by email or phone between sessions for brief updates.

Session Format:

Sessions are normally 60 minutes in length and are usually face-to-face. During the sessions, I will do one or more of the following: listen to your concerns and allow you the space to express your feelings; help you to identify the thoughts, feelings, behaviours, patterns, and/or circumstances that are interfering with you reaching your goals; help you set goals and develop realistic actions plans for overcoming current struggles and management of future obstacles threatening your internal balance; help you to identify your individual strengths and resources; use a specific intervention that is most appropriate to you and your goals; provide relevant information, verbally, via white-board and/or in handout form; conduct informal assessments to measure your progress and enhance motivation; suggest some reading or writing assignment to help you gain better insight into your concern; give a homework assignment to be completed between therapy sessions in order to move forwards on the path to reaching your goals.

Your Rights:

You have the right to ask questions about my treatment methods in order to make informed decisions about what methods are most suitable for you individually. You have the right to stop therapy at any time if something is not working for you. If this should happen, I would appreciate your feedback about what is not working for you so that I may be able to suggest

alternate resources so you may continue your therapeutic journey to wellness. You have the right to ask for a referral if that would be in your best interest.

Risks of Therapy:

Therapy does involve a degree of risk. You may experience uncomfortable emotions as you talk about the issues that are concerning you as therapy can sometimes involve talking about unpleasant pieces of your history. This process requires you to be vulnerable, which can be a scary feeling. Psychotherapy focuses on promoting and facilitating positive change according to the goals you have set. Change, even good change, can affect a person's established system and you may be met with some resistance from other people in your life as a result of the changes you make. Please be advised of these risks when beginning the therapeutic process.

Confidentiality:

As a Registered Provisional Psychologist, I am currently working under the supervision of a Registered Psychologist. Please be advised that the nature of this relationship includes confidential collaboration and the discussion of each client/case between myself and my supervisor to ensure the best practices of the therapeutic process. With that, if they are needed, written reports and clinical correspondence entered into a client's file will be countersigned by the supervisor.

Session notes including digital files and electronic client data are kept in secure, password protected locations. However, there are limitations to the full extent to which emails and electronic mediums can be completely confidential and clients are advised to be aware of this when using these means of communication.

Exceptions to Confidentiality:

If you threaten to harm or kill yourself or someone else and I believe your threat to be serious, I am ethically bound to warn your family or the person you have threatened.

According to the Child Welfare Act, I am ethically and legally bound to report to the appropriate authorities any abuse (physical, sexual, emotional, or neglect) of a child currently under the age of 18-years. This law is designed to protect children from harm, and requires that all persons report confirmed or suspected cases of child abuse to the proper authorities.

If you are involved in litigation of any kind and you inform the Court that you are in therapy, you may be waiving your right to keep your records confidential. If the Court subpoenas my files, or me, I am obligated by law to appear and answer any questions.

Communication between a therapist and client is not considered privileged communication. If you disclose to me that you have done something illegal, I am not legally obligated to report this unless it involves child abuse or a direct threat to an individual, including yourself.

Fees:

The standard fee for a face-to-face or virtual/telephone 60-minute session is \$175. If you wish to schedule a longer session, the fee will be adjusted accordingly. Payment is accepted by e-transfer at the end of each session. If your insurance provider is Alberta Blue Cross, you are able to provide me with your insurance information and I can submit the claim on your behalf. Any remaining balance can be paid by e-transfer. If you have other therapy coverage, clients pay the

fee by e-transfer at the end of the session and then seek reimbursement from the insurance company. I will provide a receipt for each session after payment has been received which will include information needed for reimbursement. If a written attendance report or report of progress in therapy is requested, the agreed upon fee per hour is charged for preparation of these reports and will be calculated accordingly.

Out of Town:

If you experience an emergency and you are not able to contact me, I recommend you call the Mental Health Helpline (1-877-303-2642), call 911, or go to a hospital emergency room.

Cancelled or Missed Sessions:

I prefer 48 hours of notice if you need to reschedule or cancel a session. If you miss an appointment without notice, or cancel a session with less than 24 hours' notice, you will be charged a \$50 cancellation fee for that session that must be paid before booking another session. Legal means may be used to collect unpaid debts.

Stopping Therapy:

In starting the process of therapy, you begin a goal-focused process that has a beginning, middle, and end. It is therefore recommended that stopping therapy be planned for and discussed with the therapist. Stopping therapy abruptly can disrupt any progress that has been made towards your goals.

Agreement:

By signing this form, I understand that at least 24-hour notice needs to be given to change or cancel an appointment. I agree to actively participate in the therapy process with Taylor Isley and I understand that my sessions will be confidentially discussed between both the Registered Provisional Psychologist and the Registered Psychology (supervisor). I understand there are limits to confidentiality.

I agree to pay for missed sessions and short-notice cancellations plus any applicable fees, and understand that my credit card, if on file, will be charged for the service fee plus any additional fees.

I have read, understand, and agree to the information on this form.

Client(s):

Date: _____

_____ (print name)

_____ (signature)

_____ (print name)

_____ (signature)

Child's Name: _____ (if under 18)

Name(s) of Legal Parent(s) or Guardian(s): _____

Psychologists Signature:

Date:
