

# COUNSELLING & PSYCHOTHERAPY SERVICES AGREEMENT

Life is full of challenges, and even though we can not avoid these challenges, there is no rule stating we must go through them alone. As with any new journey, it can be helpful to know what to expect. This document outlines some important information about my professional services and business policies. Please read it carefully and discuss any questions that arise as this document acts as an agreement between you as the client and myself as the therapist of Mindful Perspective Counselling Inc.

**My Approach:** I believe in taking a holistic approach to counselling and psychotherapy where I get to know who you are as a person as well as your struggles before offering any suggestions or interventions. I try my best to meet you where you are at and to work on your goals. At times, I will push you and I will challenge you, but it will never be from a place of judgment. I aim to explore different perspectives and new strategies as every behavior we use, even if currently maladaptive, was once helpful and protected us when we needed it to.

**Confidentiality:** The law and ethical principles that guide the practice of counselling and psychotherapy protects the privacy of all communications between a client and a psychologist/counsellor. Information about your interaction with me can only be released to others with your written consent. However, there are some limits to the laws of confidentiality and some situations where I have a legal obligation to disclose client information.

1. If I have reason to believe a child or vulnerable adult is being abused or neglected by you, or another party, I must inform child and family services and/or the police.
2. If I believe you are in imminent danger or harming yourself, I may legally break confidentiality and call the police or a third party to help keep you safe.
3. If you seriously threaten to harm another person, I must inform the police as to possibly warn that person.
4. If a court orders me to testify about you, I must do so.
5. If you are receiving services under a Workers' Compensation Board (WCB) claim, the Workers' Compensation Act mandates direct disclosure about your treatment.
6. If a client is under 18 years of age, the minor's parents/legal guardian has a right to information about the services rendered. It is my policy to provide parents with only general information about the work with minors unless there is a risk that the minor will seriously harm him/herself or someone else.

The above limits apply for both individual and couples counselling. Additionally, in couples counselling, if information is shared in individual sessions, it is my policy not to disclose information shared. If there is something I think could be beneficial to share, I will work with you to tell your partner in couples counselling.

**Supervision & Consultations:** As a Provisional Psychologist, I am required to practice under the supervision of a Registered Psychologist. This requires the supervisor to have access to all client files and disclosed information. However, the supervisor is bound by the same ethical principals and laws of confidentiality. For the course of my supervision, my supervisor is Joanne Moen out of the Northwest Wellness Centre. If my supervisor changes throughout the course of my supervised practice, you will be updated in a timely manner.

Furthermore, as part of ethical practice, counsellors and psychologists will occasionally consult with other professionals about case files to ensure they are providing the highest quality of service. These consultations are conducted in such a way that identifiable information is withheld, and confidentiality is preserved.

**Fee Schedule & Billing:**

<b>Service Type</b>	<b>Fee</b>
<b>In Person</b> Individual or Couple’s Therapy Session – 60 minutes	\$175
<b>Online</b> Individual or Couple’s Therapy Session – 60 minutes	\$175
<b>Phone</b> Individual or Couple’s Therapy Session – 60 minutes	\$175
<b>Reports</b> (And any other documentation requested by you or a third party)	Prorated at \$175 per hour

The fee for all sessions is due in full at the time services are rendered. Payment for services may be made by cash, debit, or major credit card. The Northwest Wellness Centre assistant will provide you with an itemized invoice of services that can be submitted to insurance companies for reimbursement.

**Appointments & Cancellation Policy:** Appointments are scheduled for 60 minutes. Generally, at the beginning of therapy, sessions are on a weekly or bi-weekly basis. As therapy progresses, sessions are spaced farther apart to allow room for personal development and growth. Once an appointment is scheduled, I ask that you give at least twenty-four (24) hours of advanced notice if you must cancel or reschedule. If you do not cancel or reschedule within 24 hours, you will be charged 50% of your appointment fee. If you do not cancel a session and fail to arrive for our session, you will be charged 100% of your appointment fee. Please note that insurance companies, EAP programs, WCB and other third-party billers do not cover no-show or late cancelation fees. You are responsible for no-show and late cancelation fees.

**Client Rights:** Counselling and psychotherapy is 100% voluntary. You can, at any time, refuse and question any interventions and suggestions I offer. It is therapeutically beneficial for you to do so. And I want your feedback. With your feedback, I can tailor our sessions towards your likes and what works for you rather than what is not working. You can also withdraw from therapy at any time, and you are never under any obligation to come back. However, it may take a few sessions to see if we are a good fit for one another. Lastly, if you feel like you have been treated unethically in any manner, it is your right to file a complaint with my professional associations (College of Alberta Psychologists and the Canadian Counselling and Psychotherapy Association).

## Your Information

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender Identity: \_\_\_\_\_

## Some Biopsychosocial Factors

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

**Substance Use** (Please list any substances you use/have used and the frequency/amount).

Current Use: \_\_\_\_\_

Previous Use: \_\_\_\_\_

**Suicidal Thoughts/Behaviors & Self Harm** (Please describe any current or previous suicidal thoughts/behaviors and self harm and their frequency).

Suicidal Thoughts/Behaviors: \_\_\_\_\_  
\_\_\_\_\_

Self Harm: \_\_\_\_\_  
\_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you follow a specific culture or religion: \_\_\_\_\_

Do you have any kids (Names, ages & custody): \_\_\_\_\_  
\_\_\_\_\_

## Your Goals

What are your therapeutic goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## How Did You Hear of Me

- Psychology Today  Theravive  Sunlife Lumino Health  Google  Word of Mouth  
 Other: \_\_\_\_\_

# INFORMED CONSENT

I \_\_\_\_\_  
(Print client or parent/guardian name)

have received a copy, have read and fully understood the client and therapist rights, responsibilities and expectations outlined in the Counselling and Psychotherapy Services Agreement. I acknowledge that I have discussed those points I did not understand and have had all my questions fully answered.

My signature below shows that I understood and agree with all of these statements contained in the Counselling and Psychotherapy Services Agreement and consent to receive counselling and psychotherapy from Mindful Perspectives Counselling Inc. I understand that after therapy begins, I have the right to withdraw my consent and terminate therapy at any time.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client (Parent/Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client (Parent/Guardian) Signature

\_\_\_\_\_  
Date

I, Sabrina Reed, M.A., Provisional Psychologist #P6779, Canadian Certified Counsellor #10009715 on behalf of Mindful Perspectives Counselling Inc., have met with this/these client(s) and/or his/her/their parent or guardian, and have informed him/her/them of the issues raised in this document. I have responded to all of his/her/their questions. I believe this person fully understand the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to provide counselling and psychotherapy services to this client, as shown by my signature.

\_\_\_\_\_  
Counsellor/Psychologist Signature

\_\_\_\_\_  
Date