



SERVICE INFORMATION AND CONSENT FORM

Limits to Confidentiality

In accordance with the College of Alberta Psychologists' Standards of Practice, we adhere to a strict policy of maintaining confidentiality regarding your participation in counselling services. We do not share any information about you with anyone unless we have your written consent to do so. However, there are rare circumstances in which we may need to share information about your participation in counselling services without your consent:

- Knowledge of ongoing abuse or neglect of a minor or a dependent adult.
- Imminent and serious risk of suicide for you, or harm towards other people.
- Subpoena of your file or required testimony by a court of law.

If you have any questions or concerns about the confidentiality policy, please discuss these with your therapist. Unless one of the three conditions above applies, only your therapist will have access to the contents of your file.

* There may also be limits to confidentiality in situations where a third party (ex. Insurance provider) is responsible for the payment of services. These situations will be discussed with the client in advance and all reporting to the third party will be done with the intention of maintaining client privacy.

Counselling Appointments

- Transcend Psychological offers professional psychological treatment and assessment.
- Therapy appointments are a standard **50-minute** psychological service hour.
- Transcend Psychological adheres to the Psychologist Association of Alberta's recommended rate of **\$190/hour** for Individual and Couples Therapy.
- A reduced fee may apply to students and those who demonstrate significant financial need. Those receiving a reduced fee may be directed to a student or registering psychologist.
- Assessment costs vary and are discussed individually- the standard rate for Clinical Assessment is \$220/hour.
- Clients are expected to provide credit card information to be securely stored on file and payment is taken in the morning the date of the appointment, unless other arrangements are made.
- Transcend Psychological also accepts Cash, Cheque, Debit, Visa, Mastercard, and E-Transfer prior to the session.
- Individuals are responsible for obtaining reimbursement from insurance plans.
- Due to the high demand for our services, we appreciate a reasonable commitment to treatment.
- **Missed appointments (less than 24 hours of notice for cancellation) will be charged at the usual rate of \$190.**
 1. In order to resume therapy, receipt of payment for the missed sessions is required. To avoid a Late Cancellation, the cancellation needs to occur by 3:00 p.m. the day previous to the scheduled appointment. Appointments not cancelled by 9am the morning of the appointment will be billed as usual with the credit card information on file.
 2. If you acquire **two** No-Shows or two Late Cancellations (or a combination of these), therapy will be terminated.
 3. Outstanding balances in excess of 60 days will be pursued through legal means, such as small claims court or use of a collection agency. Cost of acquiring these services will be included in the claim.
 4. Please call as soon as possible if you are unable to attend your appointment, as this permits clients on the wait list to be offered the appointment. Keep in mind that rescheduling may involve a delay of several weeks.
 5. Please note that if you arrive more than 20 minutes late for an appointment, you may not be seen.
- Therapeutic treatment, while effective in reducing psychological, emotional, and relational difficulties, may potentially cause temporary disturbance and disruption to your functioning. It is important to discuss this risk with your therapist and ensure that you are adequately supported while accessing treatment.

In signing, I acknowledge that I have read, understand, and consent to the information described in the Therapy Information and Disclosure Statement (summarized above) and that I accept personal responsibility for all charges related to services provided, including missed appointments and any billings not covered by third party coverage:

Name (please print)

Signature

Date

Protection of Privacy – The personal information requested on these forms is collected under the authority of Section 33 of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used only for the purposes of providing counselling services.