

GENERAL CONSENT FOR TREATMENT AND CONSENT TO USE AND DISCLOSE HEALTH AND MEDICAL INFORMATION, PAYMENT, AND HEALTH CARE OPERATIONS

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame creates the safety to take risks and the support to become empowered to change. As a client of psychotherapy, you have certain rights that are important for you to know about. There are also certain limitations to those rights that you should be made aware of. As your therapist, I have corresponding responsibilities to you.

I. Treatment Information

- Types of Services. Telehealth services provided include therapeutic assessments, psychological evaluations, assessment-based interventions, crisis intervention, counselling, and psychotherapy. The OWL platform used for video conferencing is encrypted and meets security and all health compliance requirements.
- Treatment is Optional. Treatment cannot begin without your consent. You are free to end your treatment at anytime. If you have been directed to attend by a third party, there may be consequences in your failure to participate in counselling.
- Service Orientation and Approach. My approach used with clients is collaborative and focuses on finding solutions to your problems. I will provide information, recommendations, and the therapeutic environment intended to allow clients to make meaningful choices. Therapy and counselling services are intensive and can result in significant stress. It is important that you carefully consider whether the risks are worth the benefits.

II. Your Rights

- Confidentiality. Confidentiality is a legal protection and assurance of your right to privacy. Psychotherapy, counselling, assessment, and any services that are related to diagnosis, evaluation and treatment services provided by licensed professionals are confidential and protected under law. Specific exceptions are outlined below:
 - if you give me reason to believe that you are abusing or neglecting a child or vulnerable adult
 - if you give me information about someone else who is abusing or neglecting a child or vulnerable adult
 - if I have reason to believe that you will harm another person
 - if I believe that you are in imminent danger of harming yourself
 - if I receive direction from the Court of a competent jurisdiction to release information
 - if you give me informed consent to release your information
- Consent of Minors. I cannot provide services to minors without the permission of the guardians. All legal guardians have access to information about minor children, unless the guardians agree that I may hold specific information private.
- Third Party Access. If you have been referred by a third party, the party may have, as a condition of receiving services, access to certain information about you. Information about you that is held by me may be subject to certain legislation.
- Refusing or Revoking Consent. Once you consent is given it will apply for a period of one year. You have the right to refuse or revoke treatment at any time without penalty. Although if you have been required to attend therapy by a third party, there may be consequences of your refusal to participate in therapy.

III. Your Responsibilities

- Payment. Fees will be based on a one-hour session; 50 minutes of client contact and 10 minutes of record keeping. A half hour session will include 25 minutes of client contact.
- Cancellations. You are expected to attend and be on time for all scheduled appointments. If you are unable to attend a session due to illness or an emergency, I require a 24-hour notice of cancellation.

- Participation. To benefit from the services, you should come prepared for your session and actively participate. There may be times when you will be asked to perform tasks or homework that we have discussed during a therapy session.
- Feedback. I appreciate any feedback, questions, and concerns you might have about our work together. You may be asked to provide formal evaluations of the service provided.

IV. My Responsibilities

- Ethics. As a member of the College of Alberta Psychologists, I have an ethical obligation to maintain the Code of Ethics, practice standards, and guidelines of this organization.
- Confidentiality. Except for certain specific exceptions described above, I have the duty to keep your personal information regarding therapy confidential.
- Privacy. I am committed to safeguarding your personal information pursuant to the Personal Information Protection Act. Therefore, I am required to use a CAP approved telehealth platform such as OWL.
- Risk Analysis. I have a duty to inform you of any risks that I foresee as associated with any actions you might take during counselling. Further, I must inform you of the risks of not taking any action.

CONSENT

I have been informed, and I agree to the above information regarding my rights and responsibilities and those of the counsellor. I agree to receive counselling services under the above conditions.

Client Name (print)

Client Signature

Date

I have discussed this informed consent with the client, and the client has consented to counselling under the above conditions and provisions.

Therapist Name (print)

Therapist Signature

Date