

Your Rights as a Client

There are some risks associated with counselling. As you explore aspects of your life, there may be unpredictable results which lead to painful memories and /or uncomfortable emotions. A psychologist's goal is to provide you with the tools to help manage those emotions. All psychological interventions will be explained to you. You have the right to refuse any therapeutic intervention offered during a session. You also have the right to terminate any intervention that is underway simply by saying "stop".

One risk of child therapy involves disagreement among caregivers and / or disagreement between caregivers and the therapist regarding the best interests of the child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If you decide that therapy should end, I will honor that decision. However, I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. Please let me know if at any time, for any reason, you are dissatisfied with my services. If I am not able to resolve your concerns, you can contact the College of Alberta Psychologists.

Cancellations

Cancellations must be received 24 hours prior to the scheduled appointment. Missed appointments must be paid for unless you become ill or have a family emergency. You will be required to pay the full amount for the missed session before booking another session. Failure to pay the no-show fee will result in the automatic closure of your file and the possible forwarding of the amount owing to a collection agency. Two no-shows in a row may also result in the closure of your file and the provision of a referral to another service provider.

Fees

One clinical hour equals 50 minutes of session time. The remaining 10 minutes of each hour are dedicated to writing client progress notes. Please ensure that you arrive on time for your session. Your 50 minute session begins at the scheduled time. Session times will not be extended to accommodate late arrivals. If longer sessions are required, an hour and a half or two hour sessions may be arranged in advance.

The fee charged for individual therapy is within the recommended rate of the Psychologists' Association of Alberta, and my current rate for psychological services for individual treatment or assessment is \$200.00 per hour. Sliding scale fees are available for those who demonstrate financial need.

Payment can be made at the end of each session by cash, VISA, Mastercard or AMEX. Prior arrangement is required for direct billing to insurance companies. E-transfers can be paid prior to the session.

Record keeping

All of our communication becomes part of the clinical record. Records are my property, but you have a right to the information within your record. If you request your records, you may have reasonable, supervised

access to your file at my office. I will not provide access to your file or segments of your file if, in my professional opinion, to do so would be detrimental to your well-being or your child's well-being. If I refuse access, I will advise you of my reason for refusing so that we may discuss it.

Information can be destroyed 10 years after the completion of a service and hard copies are shredded and electronic information is deleted. If a client would prefer to keep this information, they must simply inform me prior to the 10 years lapsing.

Confidentiality

All disclosures and case information (i.e. sandplay pictures and case notes) are confidential and cannot be disclosed to a third party without your written consent, except in the following potential cases:

- (a) I have reasonable suspicion that you are a danger to yourself or someone else
- (b) You disclose abuse, neglect, or exploitation of a child under the age of 18 years
- (c) I need to release specific information in order to receive compensation for services rendered
- (d) I am ordered by court or otherwise required by law to release information

There may be times when I ask permission to record therapy sessions. You have the right to decline having your session recorded. Any recordings will be stored with extreme care and respect to your confidentiality for a period up to 12 months and will be used for supervision and/or training purposes only.

Informed Consent

By signing below, I agree that I have read and understood the above information, and agree to the terms of therapy stated above. My signature indicates that I am giving my consent to my psychologist to treat me in therapy and any of my minor children whom I bring to therapy.

This is authorization for Bernadene Weskin to provide therapeutic services to my child

By signing this Consent for Treatment, I certify that I legally have custody or joint custody of my child and, thus can legally consent for treatment of my child.

Signature of Legal Guardian	Print Name	Date
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Signature of Legal Guardian	Print Name	Date
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Signature of Child (if over the age of 12)	Print Name	Date
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Bernadene Weskin, M.Sc. Registered Psychologist	Date
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