



**Howard & Associates**

— Psychological Services —

## **Informed Consent Agreement**

### **THERAPIST**

My name is \_\_\_\_\_, and I am a Registered Provisional Psychologist in the province of Alberta. I am registered with the College of Alberta Psychologists. I am also a member in good standing of the Psychologists' Association of Alberta. If you have any questions about my experience and education, please feel free to ask me.

### **CONFIDENTIALITY**

Confidentiality is the foundation of any client-therapist relationship, and I am ethically and legally obligated to safeguard your information and the manner in which I collect, use, and share it with others. It is important for you to know that there are some specific situations in which your confidential information may be disclosed to others without your informed, written consent. These include:

- 1) Where there are reasonable and probable grounds to believe that your safety or the safety of another person is at risk,
- 2) Where there are reasonable and probable grounds to believe that a child or vulnerable adult is in need of protection, or
- 3) When information is subpoenaed by a court of law for the purposes of legal proceedings.

Additionally, there are some circumstances under which I may seek professional supervision or consultation in order to provide the most effective and appropriate service. Some of your personal information may be shared in this case.

### **PROFESSIONAL FEES**

Fees are \$160 per session, where one session is equivalent to 50 minutes in person with an additional 10 minutes allotted for administrative activities. If there is a financial difficulty you are facing, please discuss this with me.

For ease of reference, please note that the recommended fee schedule endorsed by the Psychologists' Association of Alberta is currently \$190 per hour for individual therapy.

### **YOUR RIGHTS AS A CLIENT**

You have the right to considerate, safe, and respectful care.

- You have the right to ask questions about any aspect of your treatment or about your psychologist's specific training and experience.

- You have the right to expect that your psychologist will maintain a professional relationship with you at all times, and that he or she will avoid all other forms of interaction that could compromise this professional relationship, including friendship, romantic or sexual relationships, business or financial relationships, and collegial or student relationships.
- You are free to withdraw your consent and terminate therapy at any time, without obligation to your psychologist.

**CANCELLATION POLICY**

If, for any reason you are unable to attend an appointment that has been schedule, it is required you give 24 hours notice to cancel this appointment. If you do not give this time for another client to fill your spot then you will be charged full rates for this appointment.

**FORMAL COMPLAINTS**

You have the right to recourse if you feel that your psychologist has not properly fulfilled his or her professional and ethical obligations to you. The College of Alberta Psychologists encourages you to discuss your concerns directly with your psychologist. Often, misunderstandings can be corrected and better ways of working together can be found. If you are unable to resolve your concerns with your psychologist, you can contact my direct supervisor:

\_\_\_\_\_

\_\_\_\_\_

If you sill have not had your concerns addressed to your satisfaction you may contact:

The College of Alberta Psychologists  
 Phone: 780-424-5070 / Toll-Free: 1-800-659-0857

If you are dissatisfied with the therapy you are receiving, I hope that you will feel comfortable talking with me about your concerns so that we can work together to resolve them. Your concerns will be taken seriously and handled with the utmost care and respect.

\_\_\_\_\_

Client's name

\_\_\_\_\_

Therapist

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date