

## CONSENT TO TREATMENT AND WRITTEN DISCLOSURE FORM

Client Name: \_\_\_\_\_

You have the right:

- **To confidentiality:**

- All information that is shared in counselling is confidential and no information will be released to any third party without explicit written consent from you according to the Freedom of Information and Protection of Privacy Act (FOIPP) and/or Health Information Act (HIA).
- The following are exceptions to the confidentiality agreement:
  - When there is suspected or known abuse of a child (or other vulnerable person) it must be reported to child protection authorities.
  - If a client is in imminent danger to self or others.
  - When the law requires the release of confidential information through a court subpoena.
- If you have been referred by a third party, the third party may have, as a condition of receiving services from your counsellor ask for access to certain information about you. Information about you that is held by your counsellor may be subject to certain legislation (e.g., FOIPP or HIA).
- To maintain professional competency, it is a common and expected practice for therapists to consult with other professionals. Even though the other professionals are expected to maintain confidentiality, your identity will be withheld and only information that would help your counsellor meet your therapeutic needs will be disclosed.

Initials \_\_\_\_\_

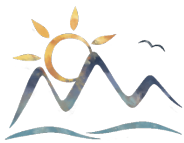
- Out of respect for your privacy and confidentiality, your counsellor will not approach you in a public forum. If you wish to approach your counsellor, you are very welcome to do so.
- It is the policy of your counsellor that they will not invite nor accept an invitation to a client's Facebook, LinkedIn, or any other social media platform.

Initials \_\_\_\_\_

- **To be informed:**

- About your counsellor's qualifications, therapeutic orientation, areas of limitation and specialization and professional code of ethics. You can view the Canadian Code of Ethics for Psychologist and Standards of Practice through the following link: [www.cap.ab.ca](http://www.cap.ab.ca)
- Know your counsellor is an independently registered, licensed, and insured private practice therapist, who works within the offices of Viewpoint Calgary Psychological Services Inc., and as such your therapist is fully and completely responsible for any legal liabilities incurred in their private practice. Viewpoint Calgary Psychological Services Inc. is not held legally responsible for your therapist's practice.
- Know your counsellor is required to maintain records of your service. You have access to records about you, with specific exceptions (e.g., psychological test materials that must be interpreted by a psychologist or that are subject to copyright, information that may cause harm if it is released, or information that is subject to legislation [e.g., FOIPP or HIA]). If you request access to your file, there may be fees associated with the review or duplication of your file, which your counsellor will specify upon request. Your therapist is the primary custodian of your complete paper file. Additionally, an incomplete electronic backup file remains with Viewpoint Calgary Psychological Services Inc.

Initials \_\_\_\_\_



- Letters regarding contact and/or treatment will only be released to clients themselves, under their own recognizance, or to a third party with written request from the third party stating the nature of information required as well as the purpose of said request. All letters will only be released after a signed consent to release information has been signed by the client, a copy of which has been received by this office. A fee will be charged for this or similar services.
- Phone and emergency contact: Your counsellor generally does not provide counselling over the phone or by email. It is important to focus on issues during the therapy hour, when relevant details can be fully explored, understood, and properly addressed. If you have an emergency situation that cannot wait until your next appointment, please consider calling to schedule an “emergency session.” Your counsellor will make every effort to see you at the office as quickly as possible. Alternatively, if you need help in an urgent situation, or you are in crisis, you can find help at the Emergency department of your nearest hospital, or by calling 911. You can also call the Distress Centre at 403-266-4357. All non-urgent concerns should be reserved for your next scheduled appointment.
- In regard to phone and email messages, your counsellor will make every effort to contact you within 48 hours on business days. Please note your counsellor cannot guarantee that email and phone contact is secure and confidential. Therefore, we recommend that minimal information is transmitted by these forms of communication.
- **To be treated with respect, dignity, and without discrimination according to the Canadian Human Rights Act.**
- **To refuse and/or end treatment, and/or to withdraw consent at any time:**
  - Counselling services can be discontinued at any time by either you or your counsellor.
  - Consent may be withdrawn at any time without prejudice either verbally or in writing.
  - You may make a formal complaint should you be unable to resolve an issue between you and your counsellor by contacting the following:

The College of Alberta Psychologists  
2100 SunLife Place 10123 - 99 Street Edmonton, AB T5J 3H1.  
Phone: (780) 424-5070 or (toll free in Alberta) 1-800-659-0857

- **To receive a copy of the Consent to Treatment and Written Disclosure Form:**

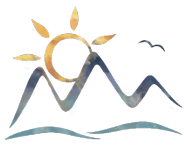
○ I would like to receive a copy     yes     no

Initials \_\_\_\_\_

- **To know that your therapist uses Owl Practice:**

- Owl Practice is a secure web-based practice management system for storage and management of client records. This includes management and storage of information such as client appointments, billing documents, session notes, contact details, and other client-related information and documents.
- The Owl Practice management system is encrypted, has servers exclusively located in Canada (Toronto and Montreal), and access to this system is granted only on an as-needed basis and governed by a strict confidentiality policy. Additionally, all practice data in the system is routinely backed up to ensure the privacy and protection of sensitive client information and to assist with Owl Practice management system compliance with the Personal Information and Personal Information Protection and Electronic Documents Act (PIPEDA), the Personal Information Protection Act (PIPA), and the Health Information Act of Alberta (HIA).
- I acknowledge and understand that my therapist is using Owl Practice, a *web-based practice management system, to store and manage client records.*

Initials \_\_\_\_\_



You have a responsibility:

- **To set goals with your counsellor and to review them as necessary:**
  - In order for therapy to be successful your active participation and cooperation is paramount. Your input and feedback are necessary. To further this objective, you will be asked to complete a brief questionnaire prior to and at the conclusion of every session.
- **To make payment for fees agreed to with your counsellor:**
  - My fees are in accordance with the guidelines set by the Psychologists' Association of Alberta. My fees for individual therapy sessions are \$220 (50 minutes) or \$330 (80 minutes) due at the time of the session. *This fee may be subject to increase with due notice.*
  - We currently offer direct billing with Alberta Blue Cross. *You are solely responsible to notify us of your coverage and/or seek reimbursement from other insurers.* Initials \_\_\_\_\_

## TELEPSYCHOLOGY

Telepsychology may include the provision of therapy through phone or video conferencing, the sharing of information through online documents, emails, and applications, and other forms of electronic communication as agreed upon between you and your psychologist.

### Limitations of Telepsychology

Telepsychology services can only be provided to clients who are physically within the province of Alberta. In the event that you travel outside of Alberta, your appointments should be scheduled for times when you are within the province. If you move outside of Alberta, your psychologist may offer resources and referrals to help you transition your care to another psychologist.

### Implications Regarding the Use of Technology

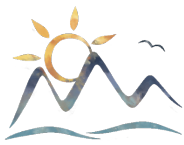
Electronic media (e.g. phones, tablets, computers, internet-based communication,) each have limitations that may affect the effective delivery of telepsychology services. These may include, but are not limited to, time delays; equipment, program and/or application failures; insufficient internet speed; and/or an overloaded internet service delivery system.

To increase the likelihood of a successful telepsychology session, please observe the following instructions:

- Set up your device so that your entire face is visible in the screen. If possible, try to include some of your upper body. This provides context and helps your psychologist to more easily pick up visual cues.
- Wear headphones or earbuds, if needed. Headphones may help improved audio quality and may also help to increase your privacy and confidentiality.
- Ensure that any equipment (phones, tablets, computers) you intend to use for your session are fully charged and/or plugged in. Video streaming, in particular, uses significant data and battery power. Power loss can interrupt the flow of a session and hinder therapeutic rapport.
- Ensure that electronic equipment that is not being used for your session is set on silent to avoid any disturbances during your session.
- Ensure that you have materials (therapy journal, pen/pencil, paper) available to take notes.

### Unexpected Disconnection Plan

In the event of an unexpected disconnection from a video session, your psychologist will contact you on your preferred number, which will be confirmed at the start of each session.



## **Limitations of Confidentiality in Telepsychology**

Telepsychology requires additional care be taken by you and your psychologist to protect your privacy and confidentiality, but also to protect your wellbeing, as specified in the Consent to Treatment.

Because you and your psychologist are not in the same location, another exception to confidentiality may occur in the event of a perceived medical emergency. In order to protect your wellbeing, your psychologist will confirm your location and your emergency contact at the start of each session. As part of your record, your psychologist may also gather information regarding your doctor and local medical services.

## **Managing Risks to Confidentiality in Telepsychology**

Your psychologist will take several additional steps to protect your privacy and confidentiality during the delivery of telepsychology services. Psychologists will schedule phone and video sessions from private locations (e.g. separate rooms at home or in the office).

In addition to the College of Alberta's guidelines and other federal and provincial legislation regarding the protection of your information, psychologists are required to ensure that telepsychology complies with Personal Information and Protection of Electronic Documents Act (PIPEDA), Canadian federal legislation regarding the protection of all electronically held personal information. The primary conferencing programs we use are: Owl Practice, Doxy.me, and Google Meets which are all HIPAA (Health Information and Portability Accountability Act) compliant.

Clients can also reduce their risk of involuntary health information transmission by observing the following recommendations:

- Establish a secure, private area in your residence or other location for your sessions.
- Ensure that anyone living with you understands that this time and space should be undisturbed for the duration of your session.
- Do not use open browser systems (e.g. Shaw or Telus Open) during any communications with your psychologist.

## **Recording of Sessions**

By signing this consent, you agree that phone and videoconferencing sessions or portions of sessions are not recorded without the express, written consent of both you and your psychologist. In the event that either you or your psychologist would like to record a session or portion of a session, you and your psychologist must review and sign a separate consent agreement outlining the purpose of the recording (e.g. practicing role play for the client, increased learning and professional development for the therapist).

## **Responding to a Breach in Privacy**

Despite the measures taken by you and your psychologist to protect your confidentiality, telepsychology remains associated with increased risks to confidential information. These may include discovery of your participation in telepsychology by others, involuntary transmission of your health information, and the possibility of hackers gaining access to your information.



## RISKS AND BENEFITS OF THERAPY

- If your counsellor believes that your concerns are outside of his/her area of competence, they reserve the right to refer you to someone who is better qualified to deal with your concerns.
- Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include better relationships, better problem-solving and coping skills, significant reduction in feelings of distress, and resolutions of specific problems. Your counsellor will work to minimize the risks and help you to experience at least some of the benefits. However, psychotherapy remains an inexact science and no guarantees can be made regarding outcomes.
- There may be risks of not receiving counselling for your concerns. These risks may include experiencing continued distress or watching the problem get worse. There are alternatives to counselling which may be beneficial including medical interventions (such as medication), massage, taking a holiday, or other personal options. Only you can determine if counselling is best for you. **Initials** \_\_\_\_\_

## ILLNESS/CANCELLATION

- If you are experiencing cold or flu symptoms, please wear a mask or contact your therapist/the office to reschedule or shift your session to video. Likewise, if your therapist is experiencing cold or flu symptoms, they will wear a mask or contact you to reschedule or shift your session to video.
- **Please provide 48 HOURS NOTICE if you must cancel an appointment. Clients will be billed for missed appointments and for appointments that are cancelled with less than 48 hours notice.** *Please note that extended healthcare providers typically do not reimburse for cancelled or missed appointments; as such, you may be fully responsible for the cost of a late cancellation.* **Initials** \_\_\_\_\_

## CONSENT

- I consent to counselling under the terms described above.
- I consent on behalf of a minor of whom I am a guardian.

\_\_\_\_\_  
client or parent/guardian name (please print)

\_\_\_\_\_  
client or parent/guardian name (please print)

\_\_\_\_\_  
client or parent/guardian signature

\_\_\_\_\_  
client or parent/guardian signature

\_\_\_\_\_  
date\*

\_\_\_\_\_  
counsellor signature

\*This consent is valid for two years from today's date.