

# Connection Point Counselling and Consulting

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## Consent for Mental Health Services

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The purpose of this document is to provide you with information about your rights and responsibilities as a client of Connection Point. It also provides an outline of the nature of the therapeutic relationship and the scope of services that I offer. Although we will cover this form in our first session, please read this form carefully before signing at the bottom.

### 1. My Approach

- I aim to provide an environment that is safe, comfortable, inclusive, and collaborative.
- While I am constantly evolving my practice framework, at its core, my approach is always person-centred, strengths-based, and growth-oriented.

### 2. Confidentiality

- All communications with a therapist and all records relating to the provision of therapy services are confidential and cannot be disclosed without the client's (or guardian's) written consent.
- All personal information is collected, used, and stored in accordance with Alberta's Health Information Act (HIA) and Canada's Personal Information Protection and Electronic Documents Act (PIPEDA).
- I will take every precaution to protect your privacy with regard to electronic and telephone communication. However, due to some telecommunication user agreements, I cannot guarantee confidentiality if you contact me electronically.
- The law does place certain limits on the confidential nature of mental health services. Legal and ethical obligations may require us to share confidential information when:
  - There is risk of imminent danger to self or others
  - There is reasonable suspicion that a child, elder, vulnerable person, or animal is being abused, neglected, or is at risk of abuse
  - The court issues a subpoena regarding information that has been shared in therapy or obtained as a part of an assessment
- Subject to the conditions above, consent to the release of any of your personal information must be obtained before any disclosure. Verbal consent may be sufficient at times, however, written consent may be additionally required and will be discussed with you, as necessary.

### 3. Appointments and Fees

- Your appointment time has been reserved for you and so I request that you make every effort to arrive on time and prepared for sessions.
- If you need to cancel or reschedule your appointment, please give me as much notice as possible. No shows will be invoiced at the regular rate.
- Therapy sessions, although scheduled for an hour, are typically 50 minutes in duration. The remaining 10 minutes are then used for necessary record keeping.
- My professional fee is \$150 for 50-minute sessions and \$200 for 80-minute family or couples sessions.
- I can occasionally extend the length of a session after the session has started on a case by case basis.

- Payment is required within 15 days after your session and can be made using e-transfer, cheque, cash, or credit card. Direct billing with some insurance provider can be arranged. Depending on your coverage, you may be responsible for paying the balance of your invoice.
- Consulting, report writing, letters, photocopies, and forms completed outside of the therapy session will be billed in 15-minute increments at the rate of service being provided.

#### **4. Termination**

- Termination of therapy may occur at any time and may be initiated by you or the therapist.
- You are free to discontinue therapy at any time and for any reason.
- This consent will remain in effect until such a time as you discontinue services with me by informing me of your intent to do so.

#### **5. Professional Records**

- I am required to keep appropriate records of the mental health services that I provide. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, topics we discussed, your medical, social, and treatment history, records I receive from other providers, and copies of records I send to others.
- I maintain client files on a secure electronic health record system that is fully compliant with all relevant privacy and health information legislation.
- Client files are stored for a minimum of 10 years, as required under the Health Professionals Act.
- You may request access to your file at any time and for any reason.

#### **6. Contact Between Sessions**

- I am often not immediately available by telephone or email. At these times, you may leave a voicemail or send an email and I will respond as soon as possible. Please note that it may take a day or two to respond to non-urgent matters.
- Please note that contact between sessions should be for scheduling, requests for letters/release of information, or referral and resource information. I do not provide crisis management support, nor do I discuss therapeutic information outside of sessions.
- If you feel an urgent need to reach me, please call or email stating that the matter is urgent. If I am unable to call or see you as soon as needed, or if you feel unable to keep yourself safe, please contact:
  - Calgary Distress Centre - 403 266 4357
  - Call 911 or visit your local urgent care centre

#### **7. Risks and Benefits**

- Therapy may provide significant benefits including but not limited to, resolution of presenting issues, strengthens relationships, and an increase of coping, self-care, insight and healing.
- Therapy may also pose risks including but not limited to; experiencing uncomfortable thoughts and feelings, recalling troubling memories, and confronting difficult issues in various areas of your life.
- I encourage you to communicate your experiences with me throughout the therapeutic process in order to minimize risks and maximize benefits.
- Therapy is most effective when you are comfortable with your therapist. If you do not feel comfortable or connected with your therapist, we encourage you to communicate this openly so that I may ensure you are referred to someone who may be a better fit.

## 8. Rights and Responsibilities

- You have the right to be treated with respect, dignity, and without discrimination regardless of your age, gender, mental and physical status, sexual orientation, race, belief system, or ethnic background.
- You have the right to receive mental health services from an ethical, competent, and professional psychologist or social worker whose work is informed by the Canadian Codes of Ethics and Standards of Practice for Registered Psychologists and Registered Social Workers.
- You have the right to ask questions at any time and be informed about the qualifications, areas of specialization and limitations, and codes of ethics that I follow.
- You have the right to be advised as to the limits of therapeutic services and discuss your treatment with others (including getting a second opinion).
- If you are unhappy with what is happening in therapy, I hope that you will discuss this with me so that I can respond appropriately. Your comments will be taken seriously and handled with care and respect. You may also request to be transferred to another therapist at any time.
- If your voiced concerns are not addressed and resolved appropriately, you have the right to file a formal complaint with the Alberta College of Social Workers (via telephone at 780-421-1167, by email at [hearingsdirector@acsw.ab.ca](mailto:hearingsdirector@acsw.ab.ca), or by web at [www.acsw.ab.ca](http://www.acsw.ab.ca)).
- You have the right to ask questions about and to request access to your file at any time and for any reason.
- As the client, you have the right and responsibility to set therapeutic goals for treatment and review these goals throughout the therapeutic process.

**Signing below indicates that you have read and understand the content of this form, have been given an opportunity to ask questions, and that you provide consent to receive mental health services from Connection Point.**

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Date

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Client Name

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Client Signature

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Client Name

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Client Signature

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Guardian Name

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Guardian Signature

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Guardian Name

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Guardian Signature