



## **Client-Psychologist Service Agreement**

Welcome to Bridges Psychology Services. This document contains important information about my professional services and business policies. It also contains summary information about relevant information Acts and provincial and federal laws that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Psychologists at Bridges Psychology Services provide psychotherapy (AKA counselling) and assessment services. Counselling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counselling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of and that I, as your psychologist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

### **Goals of Counselling**

There can be many goals for the counselling relationship. Some of these will be long-term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, improving chronic condition management, developing healthy relationships, an changing behaviour. Whatever the goals for counselling, they will be set by the clients according to what they want to work on in counselling. The psychologist may make suggestions on how to reach that goal but you decide where you want to go.

### **Risks/Benefits of Counselling**

Counselling is an intensely personal process, which can bring unpleasant memories or emotions to the surface. There are no guarantees that counselling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counselling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

However, there are many benefits to counselling. Counselling can help you develop coping skills, make behavioural changes, reduce symptoms of mental health disorders, improve the quality of your life, improve health behaviours, learn to manage anger, learn to live in the present and many other advantages.

### **Appointments**

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Appointments will ordinarily be 50-60 minutes in duration, at a frequency and time we agree on. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without cancelling, or cancel with less than 24 hour notice, you may be required to pay for the session [unless we both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible the cancelation fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

## **Confidentiality**

Your psychologist will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. Your psychologist may consult with a supervisor or other professional mental health clinician in order to give you the best service. In the event that your psychologist consults with another mental health provider, no identifying information such as your name would be released. Psychologists are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or dependent adults. If your psychologist receives a court order or subpoena, she may be required to release some information. Similarly, information must be released in the case of an ethics complaint. In such cases, your psychologist will consult with other professionals and limit the release to only what is necessary by law.

## **Confidentiality and Technology**

Some clients may choose to use technology in their counselling sessions. This includes but is not limited to online counselling via Skype, telephone, email, text or chat. Due to the nature of online therapy, there is always the possibility that unauthorized persons may attempt to discover your personal information. Your psychologist will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in counselling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counselling sessions. Should a client have concerns about the safety of their email, your psychologist can arrange to encrypt email communication with you.

## **Record Keeping**

Your psychologist will keep records of your counselling sessions and a treatment plan which includes goals for your counselling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 10 years but may be kept for longer. Records will be kept either electronically on a USB flash drive or in a paper file and stored in a locked cabinet in the psychologists office.

## **Professional Fees**

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment can be made by check, cash, electronic funds transfer, or SquareUp. We may agree on flexible payment options ahead of time (e.g. sending a bill, smaller payment schedules) if the financial need is there. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required.

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Fees are based upon the Psychologist Association of Alberta recommended fee schedule. These fees are subject to change; however, you will be notified 3 months in advance before any fee changes come into effect. Reduced rates may be negotiated in situations of financial need. Please note that only a limited number of reduced rate clients can be seen per week, which may mean more time between sessions.

## **Fee Schedule**

Individual Psychotherapy - \$220/session (50 min)

Psychological Assessment - \$220/hr

Letter writing – billed prorated for hourly rate in 15 min increments

## **Health Insurance**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

You should also be aware that some insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information, which will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover psychologist fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee to be covered by the patient. Either amount is to be paid at the time of the visit by the client. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

By signing this form, you are indicating that you authorize Bridges Psychology Services to submit claims information to your insurance agent for payment to be made directly to Dr. Sheila Gothjelsen (R.Psych).

## **Contacting Me**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911.

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# Consent to Counselling (v.5)

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Name (print) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name (print) \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_