

FRESH HOPE COUNSELLING

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CLIENT-THERAPIST CONTRACT

I, _____ agree that:

All information disclosed, verbalized, or otherwise presented by the client(s) will be held in confidence by the psychotherapist, except in an extreme and unusual situation in which failure to disclose information would likely result in harm to the client(s) or to other members of society, or except in the case of written consent for disclosure of information. Therapists are required by law to report to the appropriate authorities regarding physical or sexual abuse of a child under the age of 18, or if there is reason to believe the client's or another person's life is in jeopardy.

The psychotherapist in this relationship is a trained and experienced counsellor. However, the psychotherapist cannot guarantee change in behaviour or emotional state of the client(s) nor can the psychotherapist promise the client(s) that all problems will be resolved.

There may be risks involved in entering a counselling relationship. For example, a client who seeks counselling regarding an unfulfilling relationship may decide, after discussing all solutions to the problem, to terminate the relationship.

This counselling relationship may consist of talking, role playing, listening and learning new modes of self-expression, skills training, coaching, values clarification, behaviour modification exercises and/or homework assignments. Counselling is a proven means for achieving positive life change when the client participates fully in therapy, follows through on homework, and stays motivated and engaged in the counselling relationship.

For sessions that take place outside of the office, the following applies. With any means of private communication, there are limits to confidentiality. Although video calling (Skype, FaceTime, and Doxy.me) is viewed as a secure means of communication, it does have potential weaknesses and limitations. By signing this contract, you acknowledge the privacy limitations of conducting therapy via video calling, telephone or any other means, if you so choose to use these means.

The fee for psychological services is as agreed upon for a 1 hour session. This fee is a discounted rate based on the Psychologists' Association of Alberta recommended fee schedule of \$200.00 per 50 minute session. Extended length appointments will be prorated based on the therapist's hourly rate. Payment is due at the end of each session and is preferred by VISA, MasterCard, American Express or debit but we will also accept payment by cash, cheque, Interac E-Transfer or PayPal (if received prior to the appointment).

Cancellation policy: There will be no charge for cancellation of appointments at least 24 hours in advance. Half fee will be charged for cancellations with less than 24 hours notice. The full fee will be charged for an appointment missed without notification. Insurance companies do not reimburse for missed appointments, so you will be responsible for any such charges.

I have read this contract and agree to its content.

Client Signature : _____ Date : _____

Parent/Guardian Signature (if required) : _____