



# Kaleidoscope Wellness

COUNSELLING SERVICES

Client name: \_\_\_\_\_

## Consent for Treatment

The following describes the mutual obligations and responsibilities of our counselling relationship:

### Collaboration, challenge, and risk

1. Counselling requires your partnership and collaboration. We will discuss issues that are very important to you; our work together may significantly affect your life. Your expertise on your life and preferences complement my skills at assisting people to change. I will work to the extent of my skills and expertise to assist you to deal with your concern, but I cannot guarantee any particular outcome. Counselling may induce some emotional discomfort for you. I may respectfully challenge your ideas, beliefs, or behaviour. Where the risks are foreseeable, I will assist you to consider the risks associated with actions you might take; specific counselling procedures; taking no action; or declining counselling. I will discuss reasonable alternatives to counselling if you desire.

### Confidentiality and ownership of information

2. Our work together is entirely confidential except for:
  - Information relating to potential child abuse, which must be reported to child protection authorities.
  - If a client here is in imminent danger to self or others
  - If I have been directed by a Court of competent jurisdiction to release information
  - You have provided your informed written consent to the release of information.
3. If there is more than one person participating in counselling, information about each individual is owned by that individual. All persons involved must consent to the release of information.
4. When I share information about you with others, I will do so on a minimal, need to know basis. I work in collaboration with other psychologists and may consult with these colleagues on a minimal need to know basis without identifying you. Unless prohibited by law, I will discuss with you the implications of the release of information.
5. All legal guardians have access to information about minor children, unless the guardians agree in advance that I may hold specific information private, in order to protect the privacy of the minor child.



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The guardian agrees to relinquish access to the following information:

- With the exception of issues related to safety, the guardian(s) agree that the details of sessions between Laura Romero and the minor child(ren) be shared with him/her/them in the discretion of Laura Romero. The guardian(s) acknowledge that this limitation to confidentiality once given may not be withdrawn.
6. If you have been referred by a third party, the third party may have, as a condition of receiving services with me, access to certain information about you. Information about you that is held by me may be subject to certain legislation.
  7. You have access to the file information 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). If you request access to your file, there may be fees associated with the review, redacting, or duplication of your file, which I will specify upon request.

## Emails and Text messages

8. Emails and text messages are not confidential communication media. Confidentiality cannot be guaranteed when transmitting information and/or requesting a written response to a question posed in an email or text message.

## Ethical standards and legal requirements

9. I am a member of the following organizations, and you can view their Codes of Ethics, practice standards, and guidelines here:
  - Psychologists' Association of Alberta - [www.psychologistsassociation.ab.ca](http://www.psychologistsassociation.ab.ca)
  - EMDR International Association (Canada) - [www.emdria.org](http://www.emdria.org)
  - The College of Alberta Psychologists (CAP) - <https://www.cap.ab.ca/>
  - Association of Cooperative Counselling Therapists of Canada (ACCT) - <https://acctcounsellor.com/>

## Mutual Feedback

10. I appreciate your feedback and it is an integral part of the counselling process. Please let me know if you have concerns or questions about our work. If I believe your concerns are outside my competence, I reserve the right to refer you to someone who may be better suited for you.



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## Refusing or revoking consent/duration of consent

11. You may refuse to consent or revoke your consent at any time. If you have been directed to attend by a third party, there may be consequences of declining to participate in counselling. These are between you and the third party. You are advised to discuss this with the referring third party.
12. This consent is valid for one year from the last attended appointment, unless you revoke it.

## Consent to supervision

13. Since I, Laura Romero, am a Registered Provisional Psychologist with the College of Alberta Psychologists, it is requirement that I receive regular supervision regarding my caseload in order to become a Registered Psychologist. Supervision allows me to receive feedback on my skills to ensure that I offer you, the client, high quality services.

I may review your case with my supervisor face-to-face, over the phone, and/or over Zoom but no specific identifying information will be used. My clinical supervisor is a Registered Psychologist with the College of Alberta Psychologists and is bound by a strict professional Code of Ethics; therefore, they are ethically obligated to never discuss your situation once the supervision session is over unless my supervisor is required by law to release information.

## Payment and cancellation

14. Fees for counselling are \$180.00 per hour. Payments for sessions must be arranged at the time of booking and may be made by e-transfer or credit card. Payments by credit card are to be made at the time of the session. Electronic transfers are accepted as payment but must be made 48 hours prior to the scheduled appointment. If such payment is not received, the appointment may be cancelled. You are solely responsible to seek reimbursement from your insurer unless a third party corporate or organizational entity has taken responsibility for payment. A one-hour appointment generally includes 50 minutes of client contact and 10 minutes of record keeping. Other billable services include extended telephone conversations, meetings/case conferences, or writing reports or correspondence. Travel time for meetings outside of the office is billed at half the hourly rate. Reasonable mileage or other travel expenses may be charged.
15. Accounts with outstanding fees that remain unpaid after 2 requests for payment may be followed up by a collection agency at the client's expense and all personal information required by the collection agency shall be provided.
16. **Forty-eight hours (2 business days) notice is required for cancellations.** The agreed upon hourly rate may be charged if sufficient notice is not provided.

My signature below indicates that I consent to counselling under the terms describes above.



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My signature below indicates that I consent on behalf of minor children of whom I am a guardian.

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*Client signature*

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*Guardian signature (if applicable)*

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*Date*

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*Counsellor Signature*