

CLIENT SERVICES CONTRACT / CONFIDENTIALITY AGREEMENT

1. PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

You are also aware that my professional support is meant to assist in the functioning of you and/or family. If you are in need of formal assessment services related to any legal matters (i.e., separation and divorce) you will need to connect with a professional that specializes in this area of work.

2. RISKS AND BENEFITS

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

3. COLLECTION & STORAGE OF PERSONAL INFORMATION

Personal information will be collected to ensure I have the information required to bill you for services rendered or for late cancellations/no-shows, to contact you when needed, and to ensure I have the documentation needed to provide you with appropriate services and/or referrals. If you choose to use online scheduling or payment, then your personal information will also be stored on these servers. Any personal information that is collected will be stored in a secure and locked location. If information is stored electronically, then it will be password protected.

4. FEES

My fees are set according to the Psychology of Alberta Association's Professional Fee Guidelines. Registered Psychologist fees are currently set at \$200.00 for individual sessions and for family sessions. Therapy sessions are 50 minutes in duration or intervals thereof. Payment is due each session. Billing occurs in 10 minute increments for services done outside the therapy session such as phone calls and letters. This is calculated at one-fifth the session rate for each 10 minutes.

If you are accessing services through a third party payer, then the costs of approved sessions will be covered through your them, unless you cancel an appointment with less than 24-hour notice or fail to attend an appointment. Additionally, whole or partial reimbursement may be available through your extended health care plan.

If these third party payments are not received by this therapist in full within 30 days of the invoice date, you agree that you will pay any balance remaining for the services provided by the therapist. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

5. CANCELLATION / RESCHEDULING POLICY

Unless you provide 24-hour notice, you will be responsible for the full cost of your session. Further sessions will not be arranged until late cancellation/rescheduling or no-show fees are paid. If payment is not received, then your file will be closed.

6. CONFIDENTIALITY & LIMITS

- As a psychologist, I am registered with the College of Alberta Psychologists (CAP), a professional association, and I am bound by their professional Code of Ethics.
- As a social worker, I am registered with the Alberta College of Social Workers, a professional association, and I am bound by their professional Code of Ethics.

Your information will be strictly confidential and no information will be released without your knowledge and written consent with respect to the following exceptions:

- If there is a concern that you are at risk of harming or killing yourself or someone else,
- Cases of suspected child neglect or abuse,
- If I receive a subpoena or summons from the courts or Workers Compensation Board,
- If you arrive under the influence of alcohol or drugs and you insist on driving (and refuse alternate arrangements),
- If a medical emergency arises,
- Third Party Payment and Insurance companies are given information that they request regarding services to clients. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes and summaries.
- In the event of a client's death, the spouse or parents of a deceased client may have a right to access their child's or spouse's records.
- Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions related records may be released in order to substantiate disciplinary concerns.
- When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g. diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies and the client's report may state the amount owed, time frame and the name of the office. I may occasionally find it helpful to consult other professionals about a case.
- I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client(s). I am also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

As an added measure to protect client privacy, I also make it a policy to not approach clients while in a public setting. Clients, however, are welcome to approach me if they would like to exchange greetings. It is understood that if I inadvertently violate the client's privacy or confidentiality, then I will notify the client as soon as the breach is noticed.

7. EMERGENCY CONTACTS / COMMUNITY CHAMPION

Emergency Contact: (Name/Role): _____ (Phone): _____

Emergency Contact: (Name/Role): _____ (Phone): _____

The above emergency contact person(s) will be contacted under the following conditions:

Role of the emergency contact / community champion will be to: provide client history, monitor mood and behavior, assist with treatment planning and coordination, provide additional means of contacting client if connection lost, provide onsite technical assistance if using telepsychology, provide support to client during emergency situations.

8. TECHNOLOGY & POLICIES

Electronic communication should be used only for the purposes of scheduling or sharing of non- confidential information. All electronic communication may be considered as part of your clinical file and legal record. Although there are some potential benefits to communicating through email or text, such as increased accessibility and client convenience, you understand that the security and confidentiality of electronic communication cannot be guaranteed. You understand that some risks of electronic communication may not yet be known.

If you use these methods to communicate with me there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages.
- Your employer, if you use your work email to communicate with me.
- Third parties on the Internet such as server administrators and others who monitor Internet traffic.

You also understand that my time spent reading and replying to the information you send me will be charged to your account. Additionally, electronic communication is also not appropriate for emergency-based services. If you are in crisis, you understand that you will need to contact community emergency programs. If there is confidential information to be shared, please share this information by phone or in person. If after discussing the above risks and benefits, you would still like to communicate with me via non-secure electronic means, then please sign the consent for transmission of protected health information by non-secure means below.

9. REPOSE TIME

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 48 hours (weekends are excepted from this timeframe.) I may occasionally reply more quickly than that or on weekends, but please be aware that this will not always be possible. Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town. To ensure your safety, however, if you do not respond to my email or telephone call within 48 hours, then I may use my discretion to contact your champion or emergency contact to ensure you are safe.

10. TERMINATION OF THERAPY

Both you, as the client, and I, as the therapist, reserve the right to terminate therapy at any time at our own respective discretions. Reasons for termination by me may include, but are not limited to, untimely payment of fees, conflicts of interest, if your needs are outside of my scope of competence or practice, or the unauthorized use of any recording device with the signed consent of both myself and you the client. Upon either party's decision to terminate therapy, I will generally recommend that you participate in one termination session which is intended to facilitate a positive termination experience and give both of us an opportunity to reflect on the work and future steps to be taken.

I / We _____ understand that services are being sought for myself/ourselves are for the purposes of therapy and not for litigation/court purposes. This service is to be conducted by _____, Registered Psychologist / Social Worker (Registration # _____). I am aware that this therapist is registered with the:

- o College of Alberta Psychologists. (CAP)
- o Alberta College of Social Workers (ACSW)

I / We have read and understand the contents of this Client Services Contract and Confidentiality Agreement and voluntarily consent to the counseling and/or play therapy/assessment for the child named above terms and to the agreements set out in this contract. I understand that the use of any recording devices without the signed consent of both myself and the psychologist is prohibited. Any violation may result in the termination of the services. My/Our questions have been answered to my/our satisfaction in language that I/we understand.

Purpose(s) of Engaging the Therapist

As of this date, it has been agreed that, the above therapist will render the following services checked below.

- Parent Consultation
- Individual Counselling
- Family Counselling
- Other: _____

By signing below, you are agreeing to the above and declare that at the time of your signing, all blanks were filled in.

Client's Signature: _____ Date: _____

Client's Signature: _____ Date: _____

Therapist's Name: _____

Therapist's Signature: _____ Date: _____

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS.

I consent to allow to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments.
- Information related to billing and payment.
- Requested letters and/or Confirmation of attendance.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time. _____ (Client Signature).

CONSENT FOR E-NEWSLETTER: I also consent to have my email address added to the e-newsletter "Updates & Resources from PsychSolutions" I understand I can unsubscribe at any time without prejudice or penalty.

_____ (Client Signature)

SOCIAL MEDIA POLICY

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

FRIENDING

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

FOLLOWING

PsychSolutions publishes a blog and posts psychology news on Twitter. We have no expectation that you as a client will want to follow our blog or Twitter stream. However, if you use an easily recognizable name on Twitter and our staff happen to notice that you've followed us there, we may briefly discuss it and its potential impact on our working relationship.

Our primary concern is your privacy. If you share this concern, there are more private ways to follow us on Twitter (such as using an RSS feed or a locked Twitter list), which would eliminate your having a public link to my content. You are welcome to use your own discretion in choosing whether to follow us.

Note that we will not follow you back. We only follow other health professionals on Twitter and we do not follow current or former clients on blogs or Twitter. Our reasoning is that we believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

INTERACTING

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone or using the direct email address I have provided you. Direct email is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions. Finally, unless previously agreed to and under specific circumstances, please do not SMS (mobile phone text messaging) me.

If you do, do not expect a reply from me. I cannot guarantee the confidentiality of these messages as many of these messages show up as a readable alert, even on a locked phone. If a previous agreement has been reached regarding the use of text messaging, I will only reply to such messages during my normal working hours and I am unlikely to respond in an immediate manner. This form of communication is NOT intended for crisis support.

USE OF SEARCH ENGINES

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there *might* be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

GOOGLE READER

I do not follow current or former clients on Google Reader and I do not use Google Reader to share articles. If there are things you want to share with me that you feel are relevant to your treatment whether they are news items or things you have created, I encourage you to bring these items of interest into our sessions.

BUSINESS REVIEW SITES

You may find my psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client.

It is unethical for psychologists to solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it.

If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the College of Alberta Psychologists, which oversees licensing, and they will review the services I have provided.

College of Alberta Psychologists

2100 SunLife Place
10123 - 99 Street, Edmonton, AB, T5J 3H1
(780) 424-5070 or 1-800-659-0857

LOCATION-BASED SERVICES

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LBS app enabled on your phone.

EMAIL

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

CONCLUSION

Thank you for taking the time to review my Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.

I/We _____ have read and understand the contents of this Client Services Contract and consent to the terms and agreements set out in this service contract.

Client's Signature: _____

Date: _____

Client's Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____

This social policy was adapted from Dr. Keely Kolmes' original social policy document. Her work is licensed under the Creative Commons Attribution-Noncommercial-Share Alike 3.0 United States License.

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