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## **INFORMED CONSENT, ONLINE CONSENT and REGISTRATION**

As licensed mental health professionals, we are required to provide you the following information before starting counselling with you. It may seem like a lot to review all at once, however it is important for you to fully understand the confidential nature of our counselling relationship, our responsibilities to one another, the process, as well as associated risks and benefits of counselling so that you can make an informed choice about whether or not and how you want to participate in this important relationship.

Your questions are welcome now and at any point in the future. Ultimately, we are here to help you which includes ensuring your safety, information security, and health.

1. The purpose of counselling is to help you address areas of concern in your life. Through our work of identifying and building on your strengths, working through distorted patterns of behavior, and their underlying beliefs, talk therapy can increase your emotional and psychological well being. Our approach to counselling is based on emotional awareness and regulation, awareness of self, education and the use of mindfulness as to what is happening in the moment. By paying attention to your whole self (mind, body, heart, spirit, environment), more information is revealed about what distresses you and how to proceed in a more integrated way.
2. Confidentiality is of utmost importance. Counselling sessions are confidential, meaning that we will not release your name, information about you or your family without your consent, in light of the exceptions listed below:
  - Should you indicate that you have the intention of hurting yourself or someone else, we are required to intervene in order to keep all individuals safe.
  - Should you tell us about a minor or elder who is being abused or neglected, we are required by law to report what you shared with Protective Services. We can and would strive to do this together.
  - Should we be subpoenaed to court for any reason, your files may be required in legal proceedings.
  - Should you have processed a Worker Compensation Board Claim or Insurance Claim; files, attendance, summaries and/ or recommendations may be requested as part of your claim.
  - In situations where we are needing guidance about how best to work for your benefit, your name and identifiers will never be shared. As a practice of independent practitioners who support one another as peers, we must and will always get your written and explicit consent before consulting together.
  - When we connect with you via email, text, phone or video, be aware there always exists a potential for information to be unsecure. Please keep this in mind as you consider what personal information you share. Additionally, emails and texts will not be read/responded to immediately or at all, voicemails are preferred.

Notwithstanding the above, the content of our sessions will be kept strictly confidential.

3. There are both risks and benefits to counselling. Possible risks include the experience of uncomfortable feelings or the recall of unpleasant events in your life. You may experience changes in your relationships or beliefs that could have unexpected results. Addressing this openly is essential. Potential benefits include improvements in distressing symptoms and patterns, relationships, problem solving and coping skills.

4. Where prudent and only if safe, a mindful, body-centered approach to counselling may include techniques that involve touch (ie. A hand on your back, knees touching, etc.). When used in psychotherapy, touch is always part of a therapeutic process, is always used with permission, and is never sexual in nature. You have the right to request or refuse the invitation for contact at anytime. You may refuse any intervention, treatment strategy or model suggested. You may also withdraw from counselling at any time, without prejudice. Counselling is only one form of treatment for client problems. Other forms that may work for you include nutrition, medications, meditation, support groups and physical activity. It is always your decision to engage in counselling as a preventative or intervention strategy.
5. Your consent for treatment automatically ends when counselling terminates. If at any point you want to discuss or change your mind about the treatment plan, you are encouraged to have this honest discussion.
6. In case of a therapist's unexpected emergency interrupting your appointment, you will be contacted by your therapist or another associate/office manager of Maria Schmid & Partners who will be given access to your contact info and offer you different options of care.
7. In consenting to counselling you understand that the effectiveness of counselling depends on your willingness, consideration and experimentation of new ways of knowing and participating and that no promises or guarantees can be made as to the result of counselling, or any intervention provided by your therapist.
8. Informed consent also pertains to fees and expectations of time.
  - Payment for a 50-minute session is \$225 paid preferably by email money transfer. Visa and Mastercard are accepted if you prefer. Your credit card info will be taken to be kept on file.
  - Should you desire a longer session it will be at the fraction of the above amount for the time we go over one hour. For example, 30 minutes is \$112.50.
  - Phone discussions and letter/report writing longer than 10 minutes in length will also be charged at this fractional prorated amount.
  - Payment in full is due at the start of each session. Reminders for unpaid invoices will be sent by email and followed up with phone calls. Any payment not received after written notification may be sent to a collection agency.
  - The credit card number you provide below (or in a phone discussion) will be billed for one full session when you do not show for your appointment or do not give 24 hours notice for a cancellation. This policy will be waived in cases of emergency such as serious illness or accident. Please appreciate that when adequate notice is not received, the appointment time cannot be filled and so you will be charged.
  - It is our preference that you pay immediately and in full for your counselling session. If you would like us to submit to insurance on your behalf, we are happy to do so and you will receive the reimbursed amount.
  - A receipt with a College registration number will be given for you to claim for insurance & tax purposes.

**Amount agreed for session: \$ \_\_\_\_\_** Please select your preferred payment option.

Credit Card Number / Expiry / 3digit Code on back. #

Please give CC# during session or by voicemail to avoid emailing confidential info.

**\* We require all our clients' credit card information to be kept on file regardless of payment type\***

Email Money Transfer directly to therapist's email. Optional Q: Relationship Strength? A: communication

Direct bill to Insurance on your behalf after session and payment. Reimbursement will be to your account.

Special Condition or Alberta Blue Cross Insurance Holders: Direct bill to Insurance without your advance payment. If there is an amount remaining, the difference will be invoiced to you for this remaining amount.

**Please complete** your Insurance Company **information below** (ManuLife and SunLife do not accept direct billing):

Insurance Company Name:

Planholder Name and Date of Birth:

Insured Member Name and Date of Birth:  
Policy Number:                      Group Number:

Planholder Name and Date of Birth:  
Insured Member Name and Date of Birth:  
Policy Number:                      Group Number:

Insurance Company Name:

**9. Client Registration Information.**

Your **Name** and Date of **Birth**:

Accompanying **family members** names and Dates of Birth:

Home Address:    City:    Postal Code:

Mobile Phone Number:

Messages or Texts Ok? **Yes or No ?**

Email Address:    Family Email:

Permission to Send You Emails outlining office changes, information or opportunities? **Yes or No?**

Emergency Contact:    Relation to you?

Emergency Contact Mobile Phone Number:

Family Doctor Name:    Other Practitioners or Specialists:

**10. History with Counselling.** If had counselling in past, what made it a **meaningful experience?**  
What are you **looking for now?**

How did you **find out** about our services?    If web, **what site?**  
If personal referral, **may we thank** your contact for this referral?

**11. Online therapy** follows all the same agreements listed above with the following special considerations. This information is necessary in the event of an emergency and for your safety. By agreeing to this you are stating that you have read, reviewed, understood and agreed to all below. You are granting consent for me to conduct online or phone therapy with you and in the event of an emergency or caution to your safety and well being, I will notify your emergency contact and/or emergency services.

**12.** Address where I will conduct my telepsychology sessions is:  **Same** as the address provided above.  
**Alternate** Address:  
**Alternate** Mobile or Land Line Phone Number **if call drops**:  
**\*\* Code word** Verification of your identity:

**13.** Emergency Contact Name and Relationship:  **Same** as the Emergency contact listed above.  
**Alternate** Emergency Contact Name and Relationship and Number:  
Should your confidentiality or safety be compromised in any way during our call, **let's agree to use the word:** \_\_\_\_\_ as a way of signalling to the other that one must redirect the content of the call or the need to hang up. If you must hang up and there is reason to believe you are not safe, it is necessary that you reach out again within a few minutes or emergency services may be called to check on your welfare.

**14.** I understand that engaging in therapy by telephone or online has a wide range of benefits, including more flexibility in scheduling, reduced travel time, and access to counseling services from any location. I understand there are limitations inherent to this type of service delivery option, which include but are not limited to:

- Potential for unstable or lost electronic connection via internet or phone lines, thereby causing disruption to the therapeutic process. Should this occur, your therapist will attempt reconnection. Depending on timing and needs, we will collectively agree whether to consider the call complete as is or whether it is beneficial to resume or reschedule the remaining portion of the session time.
- Less ability to see important characteristics in communication which may include detailed facial expressions or non-verbal gestures which are normally present in an in-person session. It will be our common understanding

that we will speak plainly, slowly and within our truth as best possible and as much as possible articulate emotions, gestures and the awareness of internal or physical qualities that would enhance the expression of content.

- c. Potential limits in the security and privacy of our software, phone connections, internet connections or the physical space. It is important to use a secure internet connection rather than free/public Wi-Fi during the session, it is equally important for you to be in a private space free of distractions (such as tv, cell phone, family/friends). If there are any concerns about the possibility of hackers/recording made of our session, let us discuss all concerns immediately or defer therapeutic sessions until more secure means are possible. Phone sessions may be preferred however are still vulnerable.
- d. Certain situations may not lend themselves well to online or phone counselling. These types of cases include high suicide risk, self harming and domestic violence. I will inform you if I feel you would be better served by crisis services and will present and request alternative options in such an eventuality.
- e. Documentation of sessions. While sessions cannot be recorded or saved on any hard drives, servers, or on any other media storage device without first having obtained written consent from one another, it is a therapists' duty to document key information, changes, interventions and recommendations. Your information will be properly secured and stored.
- f. Security of information such as this Informed Consent, any session note, or report being shared over electronic devices and servers cannot be guaranteed safe beyond the password protection and encryption mechanisms offered within. Please be advised of all potential communication risks when communication is not in person.

#### 15. Online counselling processes and agreements

- a. Ensure the location from which you are engaging in this session is free from distraction, confidential and private and supplied with the *necessary items needed to make counselling effective* such as pen, paper, Kleenex, pillows, blankets, phone or computer chargers, water, calming resources, etc. You can be assured that I will have done the same on my end so that I can provide the most confidential, attentive, and attuned session possible given the technology being used.
- b. Wait for a phone call to the phone number listed in your appointment booking or click the link sent to you in the Appointment Reminder email an hour before your scheduled appointment to connect you to the Doxy.me 'waiting room' where your therapist will begin the session.
- c. Please be patient, I respect your time is valuable. If we start a few minutes later, I will do the utmost to ensure you still get your full session time.
- d. Counselling sessions, in person and via phone or online, operate as a 50-minute hour to allow time for note taking and administration needs on your behalf. Please be aware that sessions will need to end on time.
- e. Supplementary Notes. If additional notes pertaining to our session are recorded, **do you consent to this personal/session specific information being shared with you via email considering limits above? Yes No**

#### **OVERALL ACCEPTANCE OF IN PERSON and/or TELEPSYCHOLOGY/ E-THERAPY INFORMED CONSENT:**

I have reviewed this document and I have been informed of, understand to the best of my knowledge and accept all the conditions and stated limitations of telepsychology or e-therapy sessions. **Date:**

**Name(s):**

Typing your name(s) as **signature:**

Thank you! We honour and respect you for your courage, trust, openness and willingness to share your journey.