Maria Schmid & Partners
Psychologists and Mental Health Services

Maria Schmid	Tricia Thomas	Shantelle Szuch	Nicole Berggren	Danielle Smith	Renata Logan	Jason Stein
R.Psych 3415	R.Psych 5387	R.Psych 3689	R.Psych 4081	R.Psych 6657	R.Psych 3704	MSW 9477
403.801.4839	587.435.1826	306.681.3234	587.225.2278	587.570.6664	1.780.935.4413	587.224.4295
maria@mariaschmid.ca	tricia@mariaschmid.ca	shantelle@mariaschmid.ca	nicole@mariaschmid.ca	danielle@mariaschmid.ca	renata@mariaschmid.ca	jason@mariaschmid.ca

INFORMED CONSENT, ONLINE CONSENT and REGISTRATION

As licensed mental health professionals, we are required to provide the following information before starting counselling with you. It is our priority that you fully understand the confidential nature of our counselling relationship, our responsibilities to each other, the process, and 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 significant 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 behaviour and their underlying beliefs, 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, attendance, or information about you or your family without your written and explicit consent, except within 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, Insurance Claim or Legal Claim; files, attendance, summaries and/ or recommendations are often requested as part of your claim.
   - In situations where we are needing guidance, consultation or supervision about how best to work for your benefit, information about your concerns but never your name and identifiers will be shared.
   - 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 with us. For this reason we discourage from you contacting us outside of session. When communication is sent, emails and texts will not be read/responded to immediately or at all, and 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. 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 benefit 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. Additionally, 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.

5. Your consent for treatment automatically ends when counselling terminates. If at any point you want to discuss or change the treatment plan, we always encourage you to have this discussion.

6. In case of a therapist's unexpected emergency interrupting your appointment, you consent to your contact information being released so that you can be contacted by another practitioner or office administrator who will offer you alternate options of care.

7. In consenting to counselling you understand that the effectiveness of counselling depends on your willingness, openness, 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 $235. Payment preferred by email money transfer. Visa and Mastercard are also accepted. Your credit card info will be taken to be kept on file for no show billing.
   - 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 $117.50.
   - 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 the date 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 in a phone call/voicemail or inperson meeting 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 or reduced upon the practitioner's discretion. Please appreciate that when adequate notice is not received, the appointment time cannot be filled and you will be charged the full amount.
   - 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 will consider this so you would receive the reimbursed amount.
   - A receipt with a College registration number will be given for you to claim for insurance & tax purposes.

9. Client Registration Information is to be given today and updated as soon as possible when changed.

10. **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.

11. 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 in Alberta* (*ON with Maria, SK with Shantelle). I understand there are limitations inherent to this type of service delivery option, which include but are not limited to:

a. 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.
b. 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 in such instances 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. You will be informed if better served by crisis services and be presented and/or requested to seek alternative options in such an event.
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. Please be advised of all potential communication risks when communication is not in person.

12. **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, tissues, pillows, blankets, phone or computer chargers, water, calming resources, etc. You can be assured that your therapist will have done the same so that you are provided with 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 two hours before your scheduled appointment to connect you to the Doxy.me (or other platform) 'waiting room' where your therapist will begin the session.
    c. Please be patient, we understand your time is valuable. If we start a few minutes late, every effort to ensure you still get your full session time (50min hour) will be offered.
    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. Should your confidentiality or safety be compromised in any way during our call, let's agree to use a 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.
    f. The address where I will conduct my telepsychology sessions will be considered the home address below unless informed differently (i.e. at work, relative's, car park, etc.) This is to be recorded below as well as an alternate phone number should connection drop. Similarly, please state an alternate emergency contact if required at this new location. Finally, a code word is requested to ensure your identity and a safe word so that if our session confidentiality is compromised, the safe word signals caution is required.

REGISTRATION SUMMARY

Your Name: Date of Birth:
Home Address: City: Postal Code:

Mobile Phone Number: Messages and Texts Ok? Yes or No ?
Email Address:

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

Emergency Contact Name: Relation to you?
Emergency Contact Phone Number:

Family Doctor Name: Contact:
Other Practitioners or Specialists:

Accompanying family members names: Dates of Birth:

Alternate Address?: Email(s):
Mobile(s):

Amount agreed for session: $_____ Please select a payment option below:
i) Email Money Transfer directly to therapist's email. Optional Q: Relational Need? A: safety
ii) Credit Card Number. 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*
iii) Full payment to practitioner who will then direct bill to Insurance on your behalf so insurance reimburses you.
iv) Special Condition or Alberta Blue Cross Insurance Holders: Direct bill to Insurance without your advance payment. If an amount remains, the difference will be paid by etransfer or credit card for remaining balance.

If desired, please complete your Insurance Company information below (except ManuLife):
Insurance Company Name: Company Id:
Planholder Name: Date of Birth:
Policy Number: Group Number:

Supplementary Notes. If additional notes pertaining to our session are consented to, do you consent to this personal/session specific information being shared with you via email considering limits above? Yes No

Out of Office Therapy: If virtual or phone therapy is not at home address, please record where receiving service.
Alternate address? Alternate phone number? Alternate emergency contact? Code word for ID? Safe word?

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): Signature(s):

Thank you! We honour and respect you for your courage, trust, openness and willingness to partner with us in your wellness.