

INFORMED CONSENT

INTRODUCTION

Please carefully read the INFORMED CONSENT section and sign below.

INFORMED CONSENT

1. Counseling can involve discussing difficult issue resulting in unpleasant feelings as part of the process. Counseling hopes to produce positive outcomes and offer a variety of interventions to assist you.
2. All information collected will be kept confidential and stored in a secure location.
3. Records are kept to ensure quality of services, facilitate services later, ensure accuracy for billing and payments and compliance with the law.
4. Records include dates of sessions, record of payments, clinical information, clinical forms, testing results, records gathered from other providers, notes to describe and justify treatment.
5. You “own” the contents of the records and have the right to see a copy of the records.
6. There are four limits to confidentiality concerning harm to self or others:
 - a. Reasonable suspicion of child abuse,
 - b. Reasonable suspicion of elder abuse,
 - c. Reasonable suspicion that you may present a danger of violence to others,
 - d. Reasonable suspicion that you may harm yourself unless preventative measures are taken.
7. Your written permission is required to release information to another professional or agency.
8. Outside relationships such as friendship, business or sexual will be avoided.
9. Dr. Paul Day is a certified Counseling Therapist, Certified Psychotherapist and Clinical Supervisor, but is not a registered psychologist in Alberta. Counseling services provided are covered by some, but not all, insurance companies as a medical benefit. A Letter of Qualifications has been prepared and is available for you to submit to your insurance provider.
10. Payment for services is required at the time of each appointment. Cash, cheque, debit card and credit card are accepted.
11. The appointment time you book is reserved exclusively for you. Cancellation or rescheduling of appointments require 24-hour advance notice. If you are able to reschedule within one week, only 50% of the regular fee will be charged. Otherwise, except in the case of an emergency, the full regular fee will be charged. No-shows will be charged full fee unless you are able to book within 7 days.

Please sign below to indicate your understanding of the points listed above.

Print Name

Signature

Date