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Consent for Treatment and Limits of Confidentiality

Please read carefully before signing this document. It explains your rights and responsibilities, risks and limits of confidentiality, fees, and cancellation policy.

1. **Limits of Services and Assumption of Risks:**

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

2. **Limits of Confidentiality:**

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.

Legal issue:

If Court subpoenaed your file, the therapist must provide this information to judge.

3. **Cancellation Policy**

If you are unable to attend an appointment, I request that you provide at least 24 hours advanced notice. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency.

4. **Services not covered by this agreement**

I do not advocate for you in any legal, immigration, work or educational situation such as writing medical-legal reports, recommending time away from work, or consulting with school personnel. I do not do psychological assessments or interpret any such assessments you may bring to a session. Electronic recording of sessions may be possible with your consent and is for therapeutic purposes only.

I do not provide emergency services. If you are having suicidal thoughts and urges please phone the Distress Centre for immediate support at (403) 266-HELP (4357) or go to the Emergency Department of your nearest hospital.

5. **Option to refuse or withdraw at any time**

You have the right to refuse counselling involvement and/or to withdraw from such services at any time without consequence to you or to the professional relationship you may already have with me. This also includes your right to request and expect a stop to any counselling intervention that you are uncomfortable with.

6. **Self-Serve Check-In**

There is a self-serve check-in system (‘Envoy’) to notify me when you are present, as we do not have a front receptionist. This self-serve check-in is voluntary to use and if you do decide to use it please put in your name or initials only. Information gathered through the Envoy system is stored for 1 day prior to its removal and deletion.

7. **Fees**

Session fee - \$220. I expect you to pay at the end of each session.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Date _____ client name _____ signature _____

Date _____ client name _____ signature _____

Date _____ therapist _____ signature _____