



Psychology for Personal Development

Dear Client:

Thank you for choosing us to assist you with your health care needs. Our mission is to provide quality, evidence-based therapy in a compassionate, effective and caring manner.

- The fee per session is \$ _____. Sessions are typically **50 minutes** in length. Payment is due at the end of each session by cheque, email transfer, cash or credit card. You will receive a receipt upon payment. This receipt can be used for insurance or as a medical expense for tax purposes.
- If you cannot come to a session you are required to cancel the appointment with a minimum of **36 business hours, otherwise the full fee applies**. The booked appointment is a commitment of time for the therapist as well as for the patient and regular attendance to sessions is necessary for treatment success.
- Written reports, letters or other forms of written correspondence are billed based on the hourly rate as well as court attendances.

Privacy Policy

In order to provide psychological services, we need to collect personal information about you. Our staff has limited access to your information so they can perform administrative and support activities such as scheduling appointments and processing payments. For our full privacy policy please visit our website www.cbtpsychology.com/resources/forms/privacypolicy. At CBT Psychology, we hold regular supervision meetings with the members of our team in order to provide high quality of treatment to our clients. We send a monthly e-newsletter with updates about our practice and psychology news to our clients.

Confidentiality

Confidentiality is honoured and respected. Your **written permission** is required before information about you can be shared with third parties. However, there are some situations where, either for the protection of the client or the protection of some other person, psychologists are **legally obligated** to disregard confidentiality. These situations are:

- 1) When a client reports the intention to end his/her life or the life of another person.
- 2) In circumstances where a child is object of sexual, emotional or physical abuse.
- 3) When a client reports that a health care professional has sexually abused him/her.
- 4) If the release of a client's file is court ordered.
- 5) We usually send a letter to the family doctor of our clients at the beginning of treatment and follow up updates if appropriate. If you don't want any contact with your doctor, please initial here _____.

By signing below, you acknowledge that you had the opportunity to ask your therapist any questions about this form and you agree to our policies. We look forward to helping you achieve your goals!

Date: _____ Name: _____ Signature: _____

