

COPLES THERAPY SERVICES AGREEMENT

Confidentiality

In providing you with psychological services such as assessment and therapy, it is very important that you can speak openly with your Psychologist in order to benefit from the service. To encourage this openness, your Psychologist agrees to keep the information that you share with them confidential. This means that information shared in the course of an assessment or therapy will not be shared with anyone without your consent. To protect the safety of vulnerable persons or your own safety, and in certain other unusual circumstances, however, an exception will be made to this confidentiality agreement. The following situations may require your Psychologist to share pertinent information with another party:

1. If you present a risk of safety to yourself or others, this may be reported to others who can ensure or maintain your safety or the safety of others.
2. If you disclose knowledge that yourself or another person under the age of 19, an elderly person, or any other vulnerable person may be at risk of harm (e.g., physical, verbal, sexual abuse or neglect), this will be reported to the appropriate Child or Adult Welfare agency.
3. As it concerns the release of information from your couples therapy file to a third party, your Psychologist will require the consent of both parties prior to releasing any information. In some situations, for example, the consent of both parties will be needed to release limited information to third party payers for the coverage of fees for service. When this is the case, your Psychologist will review the policies of the third party payer and the required information with both of you prior to proceeding with releasing the information.
4. If you make an ethical or legal complaint against your Psychologist, they are not bound to keep information related to the complaint confidential. This is to allow them to explain their behavior in the appropriate legal forum.
5. If a court judge subpoenas your file, or as otherwise required by law.

Couples' therapy is for therapeutic purposes. Should legal proceedings evolve between partners, it is understood that your Psychologist will not testify for or against either party or provide records in a court action except as required by law.

With regard specifically to couples' therapy, there are times when individuals may make comments, ask questions, or share information that is relevant to the couples' therapy work with their Psychologist outside of conjoint sessions. Depending on the circumstances of this information, your Psychologist may be ethically, but not legally, obligated to seek that it be shared with the other party. While this information will not be shared without discussion and permission, it should be noted that, when permission is not granted for the sharing of pertinent information, it is possible that the efficacy of couples' therapy will be negatively affected. Should there be concerns about the overall benefit of couples' therapy under these circumstances, it will be at the Psychologist's discretion whether to continue with couples' therapy and the decision will be discussed with the couple.

Other information about our psychological services

1. Your Psychologist is professionally required to keep records of their contact with you. These health records will be kept in a secure locked filing cabinet.
2. Your name, address, phone number, email address and family physician's name will be stored in the LHA Inc. practice management software. This software complies with provincial and federal privacy standards for health information. Technical support and administrative staff may be able to view your information if the need arises. These staff members have signed confidentiality agreements and will not access this information unless necessary for administrative or IT support functions.
3. Neither the Psychologist nor clients will take audio or video recording of sessions without written consent from all parties.
4. There is a fee for psychological services, as these are not covered by government health plans. The fee for service is \$180.00 per 50-minute session.
5. At least 24 business hours' cancellation notice is required to avoid charges for missed appointments. Monday appointments must be cancelled by 12:00 pm noon on Friday, and appointments scheduled on the first day following a holiday must be cancelled by 12:00 pm noon on the last business day before the holiday. Appointments that are not cancelled within policy guidelines will incur a charge equivalent to the scheduled session's full fee. Exceptions can be made for extenuating circumstances, at your Psychologist's discretion. Outstanding balances must be paid in full prior to rescheduling.
6. Your Psychologist cannot direct bill insurance companies. Therefore, you will be expected to pay for the session upon receipt of the service and may send in the receipts to receive your reimbursement from your insurance company.
7. Your Psychologist books appointments on specified days. Evening hours may be limited. This means you may not always get your first choice of appointment times.
8. Your Psychologist is only available on a limited basis by telephone between appointments, and not for emergencies. Phone calls under 15 minutes in length will not be billed, however longer phone calls will be considered phone counseling and will be billed at the regular rate. Your Psychologist will discuss other options for you to access immediate assistance in the case of an emergency.
9. Although we take precautions to minimize risk of privacy breaches through our office email, we cannot eliminate that risk. Please be aware that email communication can be intercepted in transmission or misdirected. Consider communicating any sensitive information by telephone, fax, or email.

I have read the above information and/or it has been reviewed with me. I understand the limits of confidentiality and the terms of receiving these psychological services. I accept them and consent to psychological services.

Client Signature: _____

Client Signature: _____

Therapist Signature: _____

Date: _____