

Our Agreement

Deb Herrewynen, your registered psychologist, will provide psychological services including counseling, coaching, consultation and assessment for you.

You have the right to:

- stop counseling at any time for any reason
- ask Deb to explain any technique or approach she may be using
- see your file and its contents
- seek a referral or another professional opinion and Deb will provide you

with three referrals. Your questions and curiosity is welcome. Your commitment to this process will determine your benefit and rewards.

Children

If you are bringing your children for counseling, Deb welcomes the opportunity to help your child. Even though the child is the person in counseling, you the parents are considered the legal clients, which means you have the right to know what happens during your child's counseling. Deb will keep you the parents informed and involved in your child's progress. However, your child needs a measure of privacy as well. Deb asks you to partially waive your right to full disclosure of your child's counseling in favor of measured confidentiality for your child. Deb will give you general emotional guidelines regarding the progress of counseling and will fully discuss any topics which she discusses with your child, so that you can continue the teaching in your home. Any indication of serious emotional or behavioral issue will be discussed with you. Your child will be asked to give "**ASSENT**" to participating in counseling.

please initial if you agree _____

Confidentiality

Your information will be kept in a locked filing system. Only you and Deb will have access to it unless, you request Deb to release specific information to a third party. The only **limit** to confidentiality is if Deb d you intend to **harm yourself or others**. If you have knowledge of a minor child being at risk of harm, this would also need to be reported. Safety of those involved would need to be ensured.

Cancelling Appointments

Please allow for **one business day to cancel** appointments. If you are unable to attend due to an emergency please contact Deb at 780- 945-9066 as soon as you are able. There is a **\$180 no show fee** for missed appointments payable upon your next appointment.

Fees

The hourly fee is **\$180 hour**, and Deb will cooperate with your Extended Health Benefits to enable you to be reimbursed for your full entitlement according to your health plan.

I _____ have read the above agreement and agree to enter into this agreement freely and without someone else pressuring me,
dated

_____, 2014 .

Signature of client