

Counselling/Mental Health Disclosure and Consent Statement

Clinical and Therapist Information

A primary commitment of Family Counselling Centres is to provide you with quality care. However, no therapist can guarantee that services will be effective for you. This statement is intended to convey pertinent information regarding our services, allowing you to make choices based on correct information.

THERAPEUTIC INTERVENTIONS

Equine-Assisted Counselling sessions involve a client working toward their therapeutic goals through interactions with both a horse and a therapist. Over time, clients are supported in developing a relationship with one or several horses, and it is through guided exploration of this relationship that the therapeutic work occurs. Equine-Assisted Counselling can be a highly rewarding way to develop insight into current difficulties as well as focus on resolutions. Some clients find that they are able to face their issues faster and with more motivation than in a traditional office-based therapy setting. The services offered by Family Counselling Centres involve working with the horse on the ground and not in a riding capacity. The focus is on the relationship with the horse and the client's personal goals rather than learning equestrian skills. If you have any further questions your therapist training or professional approach, please feel free to consult with your therapist directly.

There are some risks associated with counselling. As you explore aspects of your life, there may be unpredictable results, which lead to painful memories, and or uncomfortable emotions. A therapist's goal is to provide you with the tools to help manage these emotions. All psychological interventions will be explained to you. Occasionally, a particular intervention might involve the use of physical touch. In such cases, I will always ask permission to use touch.

You have the right to refuse the use of touch as well as any other therapeutic intervention offered during a session.

You also have the right to terminate any intervention that is underway simply by saying "stop."

SCHEDULING, CANCELLATIONS AND MISSED APPOINTMENTS

One clinical hour equals 50 minutes of session time. The remaining 10 minutes of each hour are dedicated to writing client progress notes. Please ensure that you arrive on time for your session. Your 50-minute session begins at the scheduled time. Session times will not be extended to accommodate late arrivals. Longer sessions (90Minutes, or Two-Hours) are available but this *must* be arranged in advance.

Cancellations must be received 24 hours prior to the scheduled appointment. If 24 hours of notice is not given, you will be required to pay THE FULL AMOUNT for the missed session before booking another session. It is best to contact your clinician directly via telephone/voicemail for last-minute appointment changes.

Missed appointments *must* be paid for *unless* one of the following occurs:

- *You become ill*
- *You have a family emergency*
- *You cancel 24 hours in advance*

Failure to pay the missed appointment fee will result in a disruption of your therapeutic process until the outstanding balance has been cleared. Two consecutive missed appointments may also result in the closure of your file and a referral to another service provider.

Please do not arrive early for your appointment or bring additional persons that are not taking part in your therapeutic process. We schedule 10-minute intervals between sessions to minimize the likelihood that clients will meet each other as they arrive and depart to try our best to ensure client confidentiality.



Family
Counselling Centres

Administrative Office
PO Box 5492
Leduc, AB T9E6L7
T. 780.612.8577
F. 888.601.2991

FEES

The fee for individual therapy is in line with the recommended rate of the *Psychologists' Association of Alberta*, and the current rate for psychological services for individual treatment or assessment is \$190.00 per hour.

***A sliding fee schedule is available to those clients without insurance coverage. Proof of income may be required.

TO COVER THE COSTS OF THE CARE OF THE HORSES INVOLVED IN THIS SPECIALIZED TREATMENT, AN ADDITIONAL \$30.00/HR WILL BE CHARGED FOR AN EQUINE ASSISTED COUNSELLING SESSION.

http://www.psychologistsassociation.ab.ca/site/recommended_fee_schedule

*The following fees apply unless the client's sessions are covered, in their entirety, by a designated Employee Assistance Program.

Individual Therapy/Assessment	\$220.00/hr
Family and Couple Therapy	\$220.00/hr
Group Therapy	\$80.00/individual
Reports/Letters	\$190.00/hr
Late Cancellations (Less than 24 hours' notice)	\$220.00/hr
Missed Appointment	\$220.00/hr
Copy of Client File for Educational/Medical Supports	\$50.00
Copy of Client File for Legal Purposes	\$240.00

- Report writing, telephone consultation, letters and form completion is billed at the rate of the service being provided
- Billing can also occur in 10 minute increments for services done outside the therapy hour such as phone calls, letters and the like calculated at one-fifth the hourly rate for each 10 minutes. Incremental billings are also appropriate for services provided beyond a 50 minute session.
- If you are working with a counselling student, these services are provided at no additional cost to you, however, there will be a charge of \$20.00/session for missed appointments and late cancellations.

Payment can be made at the end of each session by either Cash, Cheque, VISA, Mastercard or American Express.

There will be a \$50.00 fee for returned cheques.

Delinquent accounts will be forwarded to *MetCredit* for recovery.

Rate of Hourly Service Agreed Upon with Attending Clinician: _____ CLIENT INITIALS _____

RECORD KEEPING

Confidential progress notes are kept for all sessions. Clinical records are stored and maintained electronic format (OWL Practice database) with the exception of consent forms, which are kept in a locked filing cabinet. The information collected is to contact you personally, and to assess your needs. Should you wish to access your clinical files, you may do so by completing a formal request to your clinician. If two or more individuals attend a counselling session/s, written records of the session/s may not be released to any parties unless written consent is given by each individual who attended. Clinical records are maintained for 10 years.

SATISFACTION WITH SERVICES

Our organization is committed to ensuring the best possible care to those in our community. Accordingly, our Facility Director, Tammy Schamuhn (tschamuhn@familycounsellingcentres.com), may choose to contact you through the email address you provided to ensure you are happy with the quality of care our clinic(s) and its clinicians provide. Please know your response is entirely optional.

CONFIDENTIALITY

With the exception of my clinical supervisors and team, all disclosures made in session are confidential and cannot be disclosed to a third party without your written consent except in the following potential cases.

- Imminent danger to yourself or others.*
- Suspicion of abuse or neglect of a vulnerable person such as a child, elder or mentally challenged adult.*

- c) *Court subpoena.*
- d) *Defending a malpractice suit.*
- e) *Collecting unpaid fees, which will be forwarded to Met Credit Collections.*

USE OF THE FACILITIES

If you are a parent or guardian of a child being seen for counselling at Mystic Meadows Centre, or you are accompanying an adult to their session, there are strict guidelines you must follow to ensure the horses' well-being as well as your own.

During your child's session you must remain in the vehicle or in the barn at all times (there is an office with seating available). You are not permitted to explore the grounds beyond that unless given permission by the owners of the facility, Sandy and Phil Roy. If there is a horse in the barn at the time of the counselling session **you are not permitted to feed or touch the horse without the explicit permission of the owner or your therapist.**

By signing this document I am indicating that I understand and agree with the above conditions of treatment, and my therapist has answered any questions I have about items listed in this consent form or about the counselling process.

CLIENT SIGNATURE

PRINT NAME

DATE

THERAPIST SIGNATURE

PRINT NAME

DATE

*TREATMENT OF A MINOR (IF APPLICABLE)

This is authorization for _____ to provide therapeutic services to my child/adolescent:
CLINICIAN NAME, TITLE

CHILD'S NAME: _____ DATE OF BIRTH: _____

By signing this Consent for Treatment I am indicating that I understand and agree with the above conditions of treatment, and my therapist has answered any questions I have about items listed in this consent form or about the counselling process.

I am also certifying that I legally have custody or joint custody of my son or daughter and, thus can legally consent for the treatment of my child.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

THERAPIST SIGNATURE

PRINT NAME

DATE

RELEASE OF LIABILITY

I understand that during the Equine Assisted Counselling Sessions at Mystic Meadows Stables I / my child will be in close proximity to one or more horses, as well as other animals (i.e., cats, dogs, donkeys, goats) under circumstances which may expose me or my child to some risk of injury, because of the nature of horses/animals, the facility, and the activities in which I will be engaged.

I agree to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM THE USE OF OR PRESENCE UPON MYSTIC MEADOWS PROPERTY OR FACILITIES including, but not limited to: *the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.*

I agree to hold the assigned psychologist and **Family Counselling Centres Inc.** and all of its successors, assigns, subsidiaries, affiliates, officers, directors, employees, and agents completely harmless and not liable, and release them from all liability whatsoever on account of or in connection with any claims, causes of action, injuries, damages, cost or expenses arising out my own/my child's use of or presence at *Mystic Meadows Stables*, including without limitation, those based on death, bodily injury, property damage, including consequential damages.

CLIENT'S NAME: _____ DATE OF BIRTH: _____

CLIENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

THERAPIST SIGNATURE

PRINT NAME

DATE

CREDIT CARD AUTHORIZATION

CLIENT NAME: _____

DATE OF BIRTH: _____

CARDHOLDER NAME: _____

TYPE OF CREDIT CARD:

BILLING ADDRESS: _____

MASTERCARD

VISA

AMERICAN EXPRESS

CARD NUMBER

_____/_____
EXPIRY DATE

CCV

This is to authorize Family Counselling Centres Inc. to charge the agreed amount listed below to the credit card provided herein. I agree that I will pay for the cost of services in accordance with the issuing bank cardholder agreement for:

- Therapy/Assessment Sessions \$_____/hr
- Late Cancellations/Missed Appointments (In accordance with FCC Policy outline in consent) \$_____
- Insurance CoPay (ASEBP, Great West Life, Greenshield, FCSS, FSCD, Other: _____) \$_____/_____
- Denial of Benefits (ASEBP, Great West Life, Greenshield, Blue Cross, Other: _____)

CARDHOLDER SIGNATURE

DATE

SEND RECEIPT OF CHARGES TO: _____

