

MONICA DRAGOSZ, M.A., RSW

Please review the following, which contains important information about counselling and psychotherapy and my own practice policies. After reviewing the information, you will be asked to provide your signature, which indicates acknowledgement of informed consent and provides authorization for me to provide you with treatment. Please ask for any clarification you need prior to providing your signature.

TERMS, CONDITIONS, AND GENERAL INFORMATION FOR CLIENTS

1. My qualifications. I hold a Master's Degree in Counselling Psychology, and am a Registered Social Worker with the Alberta College of Social Workers. The College verifies the education and training of its members, and to be a member, I must follow and ethical practices and guidelines as far as counselling and psychotherapy are concerned.

2. Confidentiality. My services are completely **confidential**. No information will be shared with another person unless you have given your written permission for information to be shared. A more common request is that information be obtained OR shared with your medical doctor(s). I will only release information about you **WITHOUT** your permission if:

- I believe that there is danger to you or to someone else.
- I have information leading me to believe that a child or dependent adult is at risk.
- my records or my testimony are court ordered for legal proceedings.

In these instances, I am legally and/or ethically obligated to release information. Requests for information for court proceedings most often involve child custody hearings, but may include other matters. Also, I am not legally obligated to report disclosures you make about illegal activity you are involved in, **aside from the above-noted exceptions**.

Please also be aware that exceptions to confidentiality may apply to personal information disclosed in sessions by **minors** (children and adolescents). I will discuss this with you further if it applies.

As part of responsible practice, I regularly consult with other counselling professionals in order to ensure I am offering you the best possible service. If I choose to discuss your case with colleagues, please be aware that I do not reveal names and make every effort to avoid disclosing any other information that would identify you.

3. Record keeping. I keep hand-written notes containing information and summaries that I deem to be relevant from our sessions. This information is treated as confidential, and is secure in a locked and private location. I do not keep electronic records. You may ask to see the contents of your file.

4. Fees. Fees for counselling services are currently set at \$150.00 for a minimum one hour session (no extra charge if we run over time). The rate is \$160.00 per hour for a couples therapy session. Rates for Eye Movement Desensitization and Reprocessing are anywhere between \$150.00 and \$180.00 depending on the length of the session. Fees are due at the time of your appointment. Please note that if a written report is required by a third party, this is considered billable time, and the hourly rate is charged for the time it

takes me to write the report. Payment by **cash or cheque** is acceptable, and I will provide you with a written receipt. Please note that **I cannot accept payment by credit or debit card at this time.**

Please note that if you have insurance coverage, you may be able to be reimbursed for some of your counselling fees by submitting the official receipt that I provide you with.

4. Cancellation Policy. As your appointment time is set aside for you, I ask that you give me with at least 24 hours notice if cancelling an appointment. This allows me to potentially fill the appointment time with another client(s) who may be waiting for services. **Late cancellations or “no shows” for appointments are billed at HALF your usual hourly rate.** Also, be aware that insurance companies may not provide coverage for cancelled appointments.

Please let me know if you are cancelling with less than 24 hours notice due to an emergency or illness, and I will not charge you.

5. Frequency and duration of counselling. How often sessions occur is negotiable and best discussed at various points in the counselling process, as it may be appropriate to change the frequency by which appointments occur. I may make recommendations about frequency of sessions, but the decision about how often to attend is ultimately yours. Also, how long counselling will last depends on many factors. Although many people find that they experience some easing of their distress once they start attending counselling, in most cases it takes at least a few months of fairly regular attendance for any significant and lasting change to occur.

You have every right to withdraw from counselling at any time (that being said, please bear in mind the information in the next point “Collaboration in counselling”.) If you still require further counselling support, I can likely help you find another counsellor/psychotherapist appropriate for your needs and wishes.

6. Collaboration in counselling. Counselling works best when you and your counsellor are comfortable with each other and are working as a team. Please talk to me about how you feel the counselling process is progressing, and let me know if there is something I can do better or something additional I can do to help you; I also urge you to let me know if you are confused or offended by anything that occurs within sessions. You have the right to ask questions about the counselling process. Having these kinds of conversations is part of therapy, as it is good practice for direct, open, and honest communication.

7. Risks and benefits. Counselling can help you to achieve your personal and career goals and improve your well-being. Sometimes this requires you to deal with some painful issues and it is possible and only natural that you **MAY** experience some distress or even strain in your personal relationships as part of the growth process. I am confident that I can work with you to determine the pace that is right for you, provide you with resources for crisis management, and generally support you through this process.

ACKNOWLEDGEMENT OF INFORMED CONSENT AND CONSENT TO TREATMENT

I acknowledge that I have received, read, and understand the “Terms, Conditions, and General Information for Clients”, which provides information about the therapy I am considering. I understand that developing a treatment plan and regularly reviewing our work together toward meeting agreed upon treatment goals are in my best interest. I agree to play an active role in this process, and I understand that the effectiveness of therapy depends on my participation as well as the therapist’s. I understand that no guarantees are made to me as far as results of the treatment or any of the procedures provided by this therapist. I am aware that I may stop treatment at any time. I agree to hereby accept services from Monica Dragosz under the terms and conditions reviewed with me, at the rate of \$_____ per session for individual therapy, \$_____ for couples therapy, and \$_____ for Eye Movement Desensitization and Reprocessing. I also accept personal responsibility for payment for missed appointments and any billings not payable by third party coverage.

Signature

Date

Signature

Date