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## CHRIS GRAHAM PSYCHOLOGY

### Consent

## WELCOME

Some things to know  
about working with me

Thank you for choosing to work together. This document outlines some things you might want to know about counselling **before** you share private information with me.

I am a Registered Psychologist registered with the College of Alberta Psychologists (CAP, #6159) and am a member of the Psychologist’s Association of Alberta (PAA, #3159).

*Please initial beside each statement indicating your agreement and understanding, and acknowledging that you have had the opportunity to ask questions. Please feel free to ask any questions, at any time, that you might have about working together.*

I am aware of the  
nature and purpose of  
the work we will be  
doing together:

\_\_\_\_\_

### What is it that we will be doing together?

In essence, we will talk– at a pace that respects you and your level of comfort – about what’s on your mind. You might have a specific problem that’s bothering you – for example, struggles in your relationship, problems at work, difficulties with sex, or coping with a recent loss. You might have a vague sense that you could benefit from support – feeling stuck, generally unhappy. You might be curious to think more about what you’d like to be doing with your life, or things might be going well for you, and you recognise that having an impartial confidant could be useful to you in collecting and considering your thoughts.

In working together, you may get to know yourself even better and more deeply, be better able to accept and regulate your emotions, and be supported as you work towards being the best you you can be. I am here to support you in feeling better, living the life that you deserve, and making any changes that you would like to make. I believe that **relationships can heal** and would be honoured to share your journey with you. As part of helping to make this happen, I will make every effort to:

- Provide:** an environment that is safe, comfortable, collaborative, and inclusive.
- Offer:** support, care, encouragement, and hope that facilitates opportunities for insight, healing, growth, and change.

I am aware of my rights  
as a patient:

\_\_\_\_\_

- Collaborate:** with you through talking, asking questions, sharing information, providing and accepting feedback, and following your lead in determining what is most helpful at any given time.

### Your rights are important

For example, **you have the right to:**

- Share as little or as much as you want about yourself.
- Say, at any time and for any reason: "I don't know," "Pass," "Yes," "No," "Maybe," "Skip," or "Goodbye."
- Modify, ignore, or accept anything I say or recommend.  
You are my boss.
- Ask me questions.
- Ask me about how I protect your privacy, and when I cannot protect it.
- Receive services from an ethical, competent, and professional practitioner
- Be informed about my qualifications, my areas of competence and limitations, and the code of ethics which I follow.
- Discuss your treatment with others and to get a second opinion.

***FYI:*** *Psychologists adhere to a strict set of rules to ensure patients are offered ethical and competent services. I adhere to the [Canadian Code of Ethics for Psychologists](#), provided by the Canadian Psychological Association, and follow [Standards of Practice](#), outlined by the College of Alberta Psychologists.*

I am aware of my right  
to privacy:

\_\_\_\_\_

### I will protect your right to privacy

**This handout highlights ways I will work to protect your privacy & honour your rights.** For example:

- You are in charge of who I can talk to about your care, and I will almost never talk to anyone about your care without your written consent. This said, there are times when I am limited in being able to protect your privacy (as below). Please know that any information I share about you to others will be kept brief and respectful. In fact, I even keep my session notes about you brief. Your privacy is very important to me.
- There are certain situations in which I am obligated to disclose private information. These situations include:
  - Imminent danger to yourself or someone else.

I am aware that there are times when Chris will talk to others about me:

\_\_\_\_\_

- Abuse or neglect of children, the elderly, vulnerable or dependent persons, or animals.
- Court orders, subpoenas, and search warrants.
- When I am otherwise legally or professionally required to disclose private information.
- To ensure quality care, I regularly consult and seek supervision with colleagues and professionals who are obligated to maintain the same level of confidentiality. In consultation, I will reveal as little about you as possible and will not use your name.
- No party will record session(s) without explicit, written permission from all relevant parties.

I am aware of additional ways to seek support:

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**You are not alone. You are invited to reach out for support.**

Sometimes you may need more support or want extra help with some troubling thoughts, feelings, or behaviours. Please reach out as there are resources open to anyone, for free, including:

- Distress Centre
  - 24/7, confidential, anonymous crisis support by phone, with some online service delivery. Free short term emergency counselling. Provides information about mental health programs and services if needed.
  - 403.266.HELP (4357)
  - [www.distresscentre.com](http://www.distresscentre.com)
- Alberta 24-Hour Mental Health Line
  - Confidential service that provides support, information and referrals to Albertans experiencing mental health concerns.
  - 1.877.303.2642
- Woods Homes Eastside Community Mental Health Services
  - Immediate, no-cost mental health support
  - 403.299.9699
  - <https://www.woodshomes.ca/programs/eastside-community-mental-health-services/>
- Your local hospital's emergency department
- 911

Please note that in the event you contact me in a crisis (during or even after you end therapy with me), I may need to access help for you (e.g., calling 911).

➔ **Some things we might talk about:** How do you like to be helped when you are in a crisis? What works for you and

what doesn't work for you? How would I know that you are in crisis?

I am aware of additional ways to meet my goals:

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### What else could I do to meet my goals?

I encourage you to find the care that you need and deserve. Please consider a variety of other treatment options to supplement replace therapy with me, such as:

- Attending support and therapy groups (e.g., peer support groups, AA related, men's fellowship),
  - Calming the body (e.g., yoga, acupuncture, massage, walking),
  - Connecting with spiritual and/or religious resources, including meditation,
  - Physical exercise & moving to release stored energy (e.g., going to a gym, joining a sports team),
  - Self-care activities (e.g., spending time in nature, reading),
  - Other mental health practitioners (e.g., another psychologist, social worker, psychiatrist),
  - Other professionals (e.g., chiropractor, Traditional Chinese Medicine, naturopathic doctor, somatic sex educators)
- ➔ **Did you know?** Sometimes physical symptoms appear as emotional problems.
- Consulting a medical doctor is strongly recommended to rule out or treat physical causes for some or all of your symptoms (e.g., high calcium can cause fatigue & brain fog; thyroid problems can underlie the experience of anxiety or depression; gut health can impact your emotional state; natural change cycles can impact emotional health (e.g., PMS, menopause)).

Other professionals may be able to offer different treatments or alternative referrals to address your symptoms (e.g., sleep clinic, dietician, physiotherapist).

### Do you have a file with my name on it?

- Yes.** I am legally required to keep a record of our work together. Paper files are stored in a locked cabinet, behind a locked door, in a locked building. Electronic files are password protected and are stored on password-protected computer(s), back-up drive(s), and/or online software database(s) (e.g., Jane).
- You have the right to request corrections to factual inaccuracies in your records.

I am aware of how patient files are maintained and the process to gain access to my file:

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**What do you put in my file?**

- I tend to be brief in my notes because I keep your privacy in mind. I tend to focus my notes on safety, themes, and change. It is not my intention to record *evidence* of what has happened to you or to others, and I make no attempt to retain a verbatim record of our sessions. Notes I take during a session are often shredded once I have transferred a summary of them into your file.
- Emails, texts, and letters you send to me or that I send to you are included in your file. Correspondence that I receive on your behalf is also included in your file.

**NOTE:** Please be mindful about what you put in emails/texts to me since emails/texts are **NOT** secure – privacy breaches could occur. If you **DO NOT** want to communicate by email/text, please let me know.

**How long will you keep my file?**

- I am required to keep closed files for at least 11 years (unless otherwise dictated by the law). In certain circumstances, a file may need to be kept longer (for example, in Alberta, if a permanent disability and/or sexual violence is recorded in the file, a file must be retained for as long as a patient is alive).

**Can I see what you write about me?**

- Yes.** You have the right to ask questions about your file. I will be happy to share your records with you unless I believe this could cause substantial harm to you or someone else. For more information on file releases, please see my fees.

I am aware of possible benefits of therapy:

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**What are the possible benefits of therapy?**

Research has demonstrated many positive effects of talk therapy, including:

- Reducing distress,
- Improving and strengthening relationships with self and others,
- Improving coping,
- Resolving difficult emotions,
- An increased ability to work through challenges,
- Increased sense of support,
- Increasing self-awareness, self-care, and insight.

In working together, we may find ways to better support you and your ways of being, plan adjunctive and future treatment, and develop recommendations.

I am aware of possible risks of therapy:

\_\_\_\_\_

### **What are the possible risks of therapy?**

Talking about difficult situations can raise uncomfortable thoughts and feelings and may lead to distress, especially when addressing aspects of life that you have not discussed before. Therapy may involve recalling troubling memories and confronting difficult issues in various areas of your life, which may increase distress. In engaging in therapy, things may feel like they are getting worse before they get better. Therapy may also alter the way you see yourself, how you relate to others, and could impact relationships. Counselling may not resolve your concerns, especially on its own.

I am aware of what might happen if I discontinue therapy:

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### **What might happen if I choose not to do therapy or if I choose to stop therapy?**

Choosing not to participate in therapy may result in, for example:

- A lack of change,
- Problems resolving on their own,
- A lack of resolution of issues or concerns,
- An increase in discomfort or distress,
- The experience of turmoil,
- Increase in risk,
- The absence of referral to alternative and adjunctive supports.

You are welcome to lean in – or out – of therapy at any time for any reason. I aim to be here for you – when you are ready and want to lean in to the support I offer.

I am aware of what I can do if I am unsatisfied with therapy:

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### **If I'm not happy with our therapy, what can I do?**

- Get a free session!**
  - I want to know what is and isn't helping you in our time together. If I did something or said something that was not okay in your eyes, I truly invite you to tell me. This gives me the opportunity to learn from my mistakes and to offer you the best apology I can while giving you the opportunity to advocate for yourself and be heard. I will remain calm and listen to you and do everything I can to demonstrate that I care.
  - If you want to 'fire' me because of something I have said or done or a mistake I have made, please tell me. **I will not charge you for this last session.** Why? Because I welcome your feedback so I can change and improve my approach. If you decide to continue working with me, this and future sessions will be billed at your regular rate.

- Contact a senior clinician**
  - If telling me directly is too challenging, I invite you to contact a senior psychologist.** Senior psychologist Melodie Sanford ([sanfordpsychological.com](mailto:info@sanfordpsychological.com); [info@sanfordpsychological.com](mailto:info@sanfordpsychological.com); 587.830.0165) will be happy to assist you in addressing your concerns.
- Contact CAP**
  - If your concerns remain unresolved, you may choose to file a formal complaint with the College of Alberta Psychologists (CAP) ([cap.ab.ca](http://cap.ab.ca); [concerns@cap.ab.ca](mailto:concerns@cap.ab.ca); 780.424.5070,).
  - Please know that if you initiate litigation or an ethical complaint against me, I may, in the course of relaying to others my experience of what happened between us, share information I learned about you and my thoughts about you.

I am aware of my right to be respected and my responsibility to be respectful:

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**We will treat one another with mutual respect**

We may both demonstrate responsibility to therapy by, for example:

- Attending appointments on time and as scheduled
- Maintaining an open dialogue
- Not using abusive language
- Informing one another if the therapeutic relationship is not working.

We share a responsibility to develop therapeutic goals for treatment and to review these goals throughout the therapeutic process to help ensure needs are being met.

We have the responsibility to treat one another with respect, dignity, and without discrimination regardless of, for example, age, sex, gender, mental and physical status, sexual orientation, race, belief system, or ethnic background.

I am aware of how I can contact Chris:

\_\_\_\_\_

**How can I contact you?**

- Communication between us will be largely constrained to our appointments. You may call, text message, or email me between sessions, though it is expected that this is for the purposes of, for example, scheduling appointments, referral or resource information, or to obtain a release of information. Therapeutic information will be discussed only during scheduled appointments.

I am aware that consent is an ongoing process that we can discuss at any time:

\_\_\_\_\_

I am aware that I can stop therapy at any time and for any reason:

\_\_\_\_\_

I am aware of the fees associated with service delivery:

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- Please know that it may take up to a week for me to return phone calls, text messages, or emails. If I do not respond within a week, please reach out again, as it is possible, for example, that your correspondence was lost or misdirected. I am best reached by email ([chris@chrisgrahampsychotherapy.com](mailto:chris@chrisgrahampsychotherapy.com)). If you cannot reach me and it is urgent, please reach out to other supports (as detailed on page 3)

**How long does consent last? Can I change my mind?**

- Consent is an ongoing, collaborative process that benefits from review throughout our work together. Your consent, which will be reaffirmed on a regular basis, will last until you revoke your consent or until your file is closed (one year following your last session).
- You have the right to stop therapy at any time and for any reason. You can rescind (that is take back or change your mind about) your consent whenever you want to.
- You can rescind your consent verbally or in writing at any time for any reason. You may also choose to rescind consent for me to release information to third parties, should such releases have been secured, at any time and for any reason. This will not impact any information that has been previously released.

**Fees & Financial Arrangements**

- Appointments are charged at \$200 per hour.
- Fees may be paid by credit card, PayPal (<https://www.paypal.com/paypalme/chrisgrahampsychotherapy>), or Interac e-transfer ([chris@chrisgrahampsychotherapy.com](mailto:chris@chrisgrahampsychotherapy.com)) at the time of your appointment. This rate is based on the Psychologists' Association of Alberta's recommended Fee Schedule.
- I will provide an invoice/receipt following appointments which can be used for insurance or benefit reimbursement.
- All fees are tax deductible and are typically covered by insurance and benefits plans. I encourage you to review your insurance and benefits to determine reimbursement.
- For new bookings to be taken and for services to be continued, accounts must remain in good standing.
- File Releases

All time spent reviewing and preparing your file for release will be billed in 15-minute increments at the fee of \$200 per hour, along with associated costs (e.g., copying and mailing costs).

Other Billable Services

Other services, such as writing professional letters, completing forms, or reviewing written records from other professionals, will be billed in 15-minute increments at the fee of \$200 per hour.

I am aware of the  
cancellation policy:

\_\_\_\_\_

**Appointments & Cancellations**

If you are running late for a session, please do still come! The session will still terminate at the usual time and the full session rate will be required.

If you need to cancel or reschedule a session, it is appreciated that you do so as soon as possible so that your appointment can be made available to others.

Unless excused due to circumstances beyond your control (i.e., hospitalisation, serious accident, etc.), late cancellations (less than 24 hours) or no-shows/missed appointments will be automatically billed at the full amount of the cost of the session booked (i.e., there is a \$200 fee for late cancellations and no-shows).

You can schedule (and cancel (with more than 24-hours' notice)) sessions at your own convenience online through Jane – feel free to book as many (or as few) sessions as feels right for you. Consent to Participate in Treatment

**Consent**

My initials throughout the previous sections, as well as my signature below, indicate that I am aware of the information in this consent document. For example, I am aware that this document highlights my rights and outlines limitations to confidentiality. I am also aware of the fees for professional services and am of the cancellation policy:

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Name (please print)

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Signature

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Date