Indigo Insight Counselling

Nadine Duckworth, M.Ed., CCC, Registered Psychologist

Phone/Text: 403-634-6609 Email: indigoinsightcounselling@gmail.com

CONSENT FOR COUNSELLING/PSYCHOLOGICAL SERVICES

Please read the following statements. Please ask for clarification as needed.

- All communication with my therapist/psychologist is part of a confidential professional relationship, and information will not be released without my written consent.
- My therapist/psychologist has explained the limits of confidentiality (as outlined below) and I agree to them.
- I understand that my therapist/psychologist is required by law to report actual or suspected child/elder/dependent abuse or neglect and may release confidential information as necessary to prevent serious physical harm to myself or others, including but not limited to potential homicide or suicide.
- I understand that there are certain instances in which my private health information will be shared. These include the release of information for the purposes of third party payment by my insurance company, by request of a court order, FOIPP regulations, and for therapist/psychologist supervision/consultation.
- I understand that there may be some common risks associated with receiving counselling, and also from withdrawing from counselling. My issues may or may improve on their own, and counselling is not guaranteed.
- I have been given the opportunity to ask questions and to have them answered before beginning therapy/treatment.
- I understand that it is important to raise questions/concerns promptly and that I may chose to withdraw at any time.
- I understand that my file and documents will be kept in a secure and locked storage space. Information that is kept electronically will be kept in a computer which is password protected.
- In the event of meeting in a social/public place, my therapist/psychologist will respect my privacy by not initiating a conversation with me, but will respond if I initiate a conversation with her.
- I understand that my therapist will not accept friendship requests on social media in order to protect my confidentiality, but that I may choose to express my support/appreciation by liking her business page or referring her services to others.
- I am aware of any dual relationships, i.e.: family member, friend employed with the business, etc., and have discussed the possible impact that any of these relationships might have on my counselling experience.

- **I/We fully understand the above conditions, and hereby authorize Indigo Insight Counselling to provide Counselling/Psychological services as agreed to in this Consent.**

Name(s): _____

Phone: _____ **Text: yes no** **Email:** _____

Client Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____

Indigo Insight Counselling

Nadine Duckworth, M.Ed., CCC, Registered Psychologist

Phone/Text: 403-634-6609 Email: indigoinsightcounselling@gmail.com

FEES FOR COUNSELLING AND PSYCHOLOGICAL SERVICES

1st Appointment - 75 minutes	$180	4 Session Counselling Package (pay in advance) $125 per 60 min session	$500
Couples Counselling – 75 minutes	$180	Returning Clients - 5th session and beyond	$125
Returning Clients – 60 minutes	$150	* Reduced fees for low-income clients or clients paying out-of-pocket (will consider on a case-by-case basis)	

Appointments can be made for Individual, Couples, or Families, via In-Person, Telephone, or Video (Zoom, FaceTime).

PAYMENT INFORMATION:

1. **All services listed above may be covered by your Extended Health Insurance, to which you may submit your receipt for reimbursement. Please phone your insurance provider to find out how much they will cover:**

Insurance Provider: _____ will cover: $_____ /year $_____ /appt $_____ /person

2. **Direct billing through Blue Cross, ASEBP, & Greenshield. For direct billing, please provide the following information:**

ID# or Plan Holder Name: _____

Date of Birth: _____ Group# (if applicable): _____

3. **If not Direct Billing, fees for services must be paid in full at the end of each appointment, by cash, credit card, or e-transfer. If you do not have health insurance, you may submit your receipt as a medical expense for income tax purposes (as a deduction off of your taxable income).**

Name of Card Holder: _____ Postal Code connected to card: _____

Card Number: _____ Expiry Date: _____ CVV: _____

By signing below you are agreeing to have Indigo Insight Counselling charge your account for appointments rendered. Your credit card will only be charged after your appointment unless another verbal agreement is in place (i.e. pay-in-advance). At no time will this card number be used for any other service or given to any other party. A receipt will be emailed to you for every charge.

If you need to cancel or reschedule, please provide at least 24 hours notice prior to your appointment time, otherwise your account will be charged a LATE CANCELLATION FEE of $50, or a full price NO SHOW FEE.

Please sign and date if you understand and agree to the above conditions.

_____ _____

Cardholder Signature Date

Indigo Insight Counselling

Nadine Duckworth, M.Ed., CCC, Registered Psychologist

Phone/Text: 403-634-6609 Email: indigoinsightcounselling@gmail.com

CONFIDENTIAL CLIENT INTAKE INFORMATION

Please answer the following questions in order to provide your therapist with an understanding of your history and situation, which will save time in session and help provide you with more effective treatment.

Briefly describe your previous experiences with counselling/mental health/addiction treatment, and what year(s) you attended:
Any previous or current mental health diagnoses:
Medical/health issues and/or diagnoses:
Prescription drugs currently taking:
Typical patterns of alcohol and drug consumption over the past 2 months:
Typical sleeping patterns over the past 2 months:
Typical eating patterns and appetite over the past 2 months:
Typical mood/emotional states over the past 2 months:
Are you experiencing current thoughts/feelings of self-harm and/or suicide? (circle) yes no Have you in the past? (circle) yes no Are you experiencing current thoughts/feelings of harm towards others? (circle) yes no Have you in the past? (circle) yes no
Please list current and past experiences of physical, emotional, and sexual abuse, and any experiences of a traumatic nature and what age they occurred:
What are your current symptoms of distress?
What are you hoping to experience/achieve as a result of attending therapy?