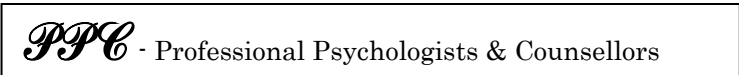


Today's Date: _____ (Y/M/D)
First Session: _____ (Y/M/D)
Therapist Name: _____



CLIENT NAME: Last _____ First _____ Date of Birth (Y/M/D) _____

Phone Number(s): _____ (note if messages are **not** to be left)

Address (include City & Postal): _____

Email (*): _____ *We are required by law to ensure you are aware that your email service provider or employer may keep copies of your emails even after you have deleted them. This means that confidentiality cannot be guaranteed for anything that you email or have emailed to you.

EMERGENCY Contact Name, Relationship to client & Phone Number:

Clients under 18 years: Parent 1 Name: _____ Parent 2 Name: _____

Clients under 15 years of age:
Child resides with both parents in same home (Yes or No): _____
Separated Parents (must initial one): Joint Custody _____ Sole Custody _____
Court Ordered (Yes or No): _____
Signature of both parents is required on (separate) Joint Custody Consent Form before clients under 15 can be seen.

Please note: PPC therapists counselling children will not be obliged to, nor will they provide support letters for parenting disputes, custody, and/or access.

FUNDING

I understand that some services are covered by some EFAP's or insurance programs for some therapists, I also understand and confirm that:

- It is my responsibility to ensure that the Therapist(s) I see meets the criteria for my specific funding source,
- I am responsible for covering all costs necessary at the time of each session and submitting any claims personally when direct billing is not possible,
- Neither the Therapist nor PPC is responsible for denied claims or submissions.

Client's Signature: _____

PLEASE CHECK ONE:

____ **EFAP:** Employer: _____ Eligible Employee: _____ Client's Relationship: _____

____ **Direct Billed Insurance** (if available):

Primary: Provider: _____ Plan/Policy: _____ Certificate/Member: _____
Primary Plan Member Name, Date of Birth & Relationship: _____

Secondary: Provider: _____ Plan/Policy: _____ Certificate/Member: _____
Secondary Plan Member Name, Date of Birth & Relationship: _____

____ **Personally, or Self-Submission Insurance**

____ **Parent, Spouse, Friend or other 3rd party:**

Name of person(s) authorized to pay: _____

(This does not authorize the release of any session discussion. Only date and cost of any sessions)

AGREEMENT FOR PROVISION OF COUNSELLING SERVICES between:

the “Client”: _____ and the “Therapist”: _____

The Client agrees:

1. to provide 24 hours’ notice when cancelling an appointment. *Failure to provide proper notice may result in a missed appointment fee charged to you personally.*
2. to pay any required fees each session, unless other arrangements are made.
3. To pay any fees declined by an EFAP or insurance provider.
4. If you subpoena your therapist or anyone at PPC, you will cover any and all associated costs. Costs for client rescheduling, report preparation or other such requirements will be **paid by the client** at an hourly rate determined by the therapist.
5. To not record any portion of the session without prior permission.

The Therapist agrees:

1. to provide counselling assistance based upon the Client’s goals;
2. to maintain the confidentiality of the Client, unless:
 - a) you may be a danger to yourself or others, or there is a reasonable suspicion of child abuse or neglect. You recognize in such circumstances that I have a legal and ethical responsibility to my professional association to notify the proper authorities;
 - b) it is appropriate to consult with a professional colleague to improve the quality of my service to you; the information shared with this professional colleague will be kept anonymous and is restricted to the information necessary to aide in meeting your desired goals and to assist me in providing adequate service. This colleague will also be held to the rules of confidentiality.
 - c) you initiate a legal action whereupon I may use information from my records to defend myself.
3. To not record any portion of the session without prior permission.

By signing this Letter Agreement, I confirm that I have read, understand and agree to the terms set out above. I also understand that my therapist is an Independent Contractor, not an employee or an agent of PPC, and is providing services to me directly and personally. I also agree that this contract between the Therapist listed above and myself. I also understand that my file will be destroyed within seven (7) years of my last visit.

Client’s Signature _____
(Or signature of authorized representative)

Therapist’s Signature _____

Date _____

Date _____

What is the client's primary reason for attending? _____

Who referred you to PPC or to your therapist? _____

Note below any other information you feel may be helpful to your therapist. Some examples might be strengths or qualities you admire about yourself, spiritual convictions, social, love, school/work, health/physical difficulties, etc.

This information is required for all clients attending through an EFAP:

What is the client's relationship to the eligible EFAP employee? _____

If the employee is also the client, is there a decline in job performance _____

Client's gender identity _____

Eligible employee's gender identity _____

Client's age _____

Eligible employee's age _____

Client's marital status _____

Eligible employee's marital status _____

Client's level of education _____

Eligible employee's level of education _____

Eligible employee's type of employee (full, part, seasonal, casual) _____

Eligible employee's status - Union (Local _____), Management, Out of Scope

Client's occupation _____

Eligible employee's Department/Division _____

Eligible employee's length of service (in years) _____

Have you attended another counselling agency in the past 2 years and if so, which one?

Telepsychology Informed

Consent Telepsychology services involve the use of electronic communications (telephone, written, text, email, video conference, etc.) to connect with individuals remotely. Telepsychology is a relatively recent approach and there are some limitations compared with seeing a counsellor in person. It is important that both the client and the counsellor be located in a private location and that the security of the technology is up to date with appropriate security protection. For the use of this document counselling sessions will be referred to as tele-sessions.

This document is an addendum to the intake / informed consent form you must complete and sign before receiving counselling services through Professional Psychologist and Counsellors (PPC). By signing this document, you enter into an agreement to attend tele-sessions via Telepsychology.

You understand that...

- Counsellors at PPC practice in Saskatchewan and are governed by the laws of this province.
 - You must be a resident of Saskatchewan and tele-sessions will occur in Saskatchewan. Receiving services outside of Saskatchewan can be discussed with your counsellor.
 - You agree that you are at least 18 years old. Counsellors may determine that you are a mature minor and you will not need consent from a legal guardian(s) to receive counselling. If you are not a mature minor the counsellor will need a signature from a legal guardian(s).
 - Counsellors reserve the right to decide whether to work with you via Telepsychology. If the counsellor determines that you are not someone who can benefit from Telepsychology, they will discuss this with you and suggest alternate services and/or supports.
 - Telepsychology services are completely **voluntary**, and **you can choose** not to partake or answer questions at any time.
 - **Confidentiality still applies for telepsychology services**, and nobody will record, screenshot or photograph any part of a tele-session, email or text without the permission from the others person(s).
 - Telepsychology is performed over a secure communication system; however, there is still **a possibility of a breach** and you accept that this could affect confidentiality.
 - You are required to provide a safety plan that is shared with the counsellor in case of an emergency.
- Complete the last page of this document.
- Your private information will be stored in a locked file at PPC and/or your counsellor's location.
 - Because this is a technologically based method it may be necessary for a technician to assist with the equipment. Such technicians will keep any information confidential.
 - There are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.
 - You or the counsellor may discontinue the tele-session at any time if it is felt that the technology connections are not adequate for the tele-session.
 - If the technology connection drops while in a tele-session, you will have an additional device available to contact your counsellor or have made plans with your counsellor for reconnection.

Emergencies and Confidentiality:

To ensure your safety, your counsellor will need an emergency contact number at the start of each tele-session and will require the address of where you are connecting from. If the tele-session gets disconnected and you feel you are in crisis, you agree to call 911 or a local emergency service or go to your local emergency room immediately.

If your counsellor has significant concerns about your safety the counsellor will need to break confidentiality and call 911 and/or your emergency contact immediately.

The laws that protect privacy and the confidentiality, as stated in the PPC intake form, also apply to Telepsychology.

Limitations:

There are limitations to Telepsychology that can affect the quality of tele-sessions and/or communication. These limitations include but are not limited to the following:

- **Miscommunication or misunderstanding:** If communication is done by phone/email/text both parties are not able to see each other, body language, or non-verbal reactions to the issues being discussed. This may lead to miscommunication or misunderstanding on the part of the counsellor and/or you. This may also impact assessment.
- **Boundaries:** Texting and email elicit less formal connection which may erode boundaries.
- **Time:** Unexpected or unforeseen time delays may occur.
- **Technological issues:** Equipment failure, messages may not be received, confidentiality may be breached, equipment expenses and restricted access, quality of microphone etc.
- **Management of crisis:** Verification of client and contact information provided. The capacity for crisis intervention may be limited.

To reduce the effect of these limitations your counsellor may ask for clarification by having you describe how you are feeling, thinking, and/or acting in more detail. You may also describe yourself in more detail. Your counsellor will discuss plans to address other limitations and a safety plan.

Fees, Payment and Cancellations

- The same fee rates will apply for tele-sessions as for in-person sessions at PPC; however, insurance or other managed care providers **may not** cover sessions that are conducted via telecommunication. Please **contact your insurance company** prior to engaging in tele-sessions to confirm if telecommunication will be reimbursed; **if sessions are not reimbursed, you are responsible for full payment.**

Payment options:

- Credit card: Your counsellor will ask for your credit card number and expiry date, which **will not** be kept on file. This will be provided to PPC reception to process payment.
- E-Transfer ruth.rousell@peopleproblems.ca, leaving your name, counsellors name, and the date of the tele-session in the Message section.
- Contact PPC directly at 306 664 0000.

The policy for cancellations is the same for tele-sessions as for in-person sessions at PPC.

Technology - telephone, video, email, text.

For all tele-sessions the counsellor will describe the privacy of their location. You will provide information on where you are calling from. It is best if you are in a private location during tele-sessions, where you can speak without being overheard or interrupted. You and the counsellor will discuss how the tele-session will proceed if there are interruptions.

Telephone: Your counsellor will call you from a cellular/mobile phone or a landline. The number and name may or may not appear on your phone. Telephone is not 100% confidential.

If phone connection is lost the counsellor will call you back immediately using the phone numbers provided. The counsellor will continue to call back every 5 minutes until the end of your tele-session. If

reconnection cannot be made the counsellor will connect with you via phone or email to reschedule the remainder of your tele-session.

Video: Your counsellor will use their preferred video conferencing platform and explain the procedure to you. The platform should comply with HIPAA, GDPR, PHIPA/PIPEDA, & HITECH requirements.

Email - Text: Communication may occur via email and/or text for the purpose of rescheduling or sharing resources/referrals. Email and/or text is not 100% confidential.

- **Any significant email and/or text sent or received by your counsellor will be added to your file, so discretion is advised.**
- **Email is not a recommended method for indicating emergent, immediate or crisis concerns.**

Disconnection from technology:

If disconnection occurs the counsellor will follow the telephone plan above for reconnection. If you have not heard from your counsellor by the end of your tele-session check your emails to see if the counsellor has made contact. If there is no contact from your counsellor call reception at PPC (306) 664-0000 or the alternate number your counsellor may have provided you. You may also inform PPC of the difficulties via email: office@peopleproblems.ca.

- If connection is lost and cannot be re-established and the counsellor believes you are in crisis the emergency plan will be followed.

Please fill in this portion and email, fax or mail to PPC office@peopleproblems.ca Fax: (306) 664-0037. Address: 1118 College Drive Saskatoon, SK S7N 0W2 or to an alternate address provided by your counsellor.

Consent to Participate in Telepsychology:

By signing below you agree that you have read (or have had read to you) all of the above sections of the Telepsychology informed consent addendum and that you understand the limitations associated with participating in Telepsychology and consent to attend tele-sessions under the terms described in this document. You also understand that the counsellor is an independent contractor, not an employee or an agent of PPC, and providing services to you directly and personally.

Telepsychology Safety Plan

Client/s Name (first and last): _____

Physical address of client is required at the start of each tele-session.

Street: _____ City: _____
_____ Postal Code: _____

Client's Phone Number: _____ Alternative Phone Number: _____

Emergency Contact (1): _____ Relationship: _____ Phone Number: _____
_____ Address: _____

Emergency Contact (2): _____ Relationship: _____ Phone Number: _____
_____ Address: _____

Hospital local to location of client: _____ Phone Number: _____

- I have provided two emergency contact numbers and the number to the local hospital or other facility as deemed appropriate.
- If there is an emergency during a tele-session, my counsellor has permission to contact my emergency contacts and/or emergency services.
 - I have provided contact information to be reached at if the Telepsychology connection fails.
 - If connections fail and my counsellor does not connect with me by the end of my tele-session, I will call PPC (306) 664-0000. If I am not able to speak to someone directly, I will leave a message or email @ office@peopleproblems.ca
- If I am unable to be re-connect with my counsellor or PPC and I am in crisis, I will contact 911, the local emergency room or local emergency services.

Client/s printed name/s: _____

Signature/s: _____ Date: _____

Counsellor printed name: _____

Signature: _____ Date: _____