

## **OFFICE POLICIES, INFORMED CONSENT & AGREEMENT FOR PSYCHOTHERAPY SERVICES**

*Robert Hammel MA, Registered Psychologist License: #4387  
202 4603 Varsity Drive NW  
Calgary AB T3A 2V7*

### ***Confidentiality***

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.

*When Disclosure Is Required by Law:* Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, is gravely disabled or when client's family members communicate to Mr. Hammel that the client presents a danger to others.

*When Disclosure May Be Required:* Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Mr. Hammel. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Mr. Hammel will use his clinical judgment when revealing such information. Mr. Hammel will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

### ***Emergencies***

If there is an emergency during our work together, or in the future after termination where Mr. Hammel becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, he may also contact the person whose name you have provided on the biographical sheet.

### ***Health Insurance & Confidentiality of Records***

Disclosure of confidential information may be required by your health insurance carrier in order to process the claim. Please note: only the minimum necessary information will be communicated to the carrier which consists of the date and cost of the service.

### ***Litigation Limitation***

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings

(such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client's) nor your attorney's, nor anyone else acting on your behalf will call on Mr. Hammel to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

### ***E-Mails, Cell phones, Computers and Faxes***

It is very important to be aware that computers and e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Mr. Hammel will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and he will honor your desire to communicate on such matters via e-mail. Please do not use e-mail or faxes for emergencies.

### ***Record Keeping***

Both the law and the standards of Mr. Hammel's profession require that he keeps appropriate treatment records for at least 7 years. Mr. Hammel keeps very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the records. You have the right to see a copy of your file and you have the right to request that I correct any errors in your file. You also have the right to request that I make a copy of your file available to any other health care provider at your written request except in limited legal or emergency circumstances or when releasing such information might be harmful in any way. In such a case Mr. Hammel will provide the records to an appropriate and legitimate mental health professional of your choice. When more than one client involved in treatment, such as in cases of couple and family therapy, Mr. Hammel will release records only with the signed authorizations from all of the adults (or all those who legally can authorize such a release) involved in the treatment.

### ***Telephone and Emergency Procedures***

If you need to contact Mr. Hammel between sessions, please leave a message @ 403-973-2174 and your call will be returned as soon as possible within two business days. Mr. Hammel checks his messages a few times during the daytime only, unless he is out of town. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call the **Alberta Health Services Mental Health Helpline @ 1-877-303-2642, the Distress Centre 24-hour crisis line @ (403) 266-1601 or call 911.** Please do not use e-mail for emergencies.

### ***Payments and Insurance Reimbursement***

Clients are expected to pay the standard fee of \$190.00 per 50-minute session at the end of each session unless other arrangements have been made. Telephone conversations, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Mr. Hammel if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, after payment of the session fee Mr. Hammel will provide you with an official copy of your receipt, which you can then submit to your insurance company for reimbursement if you so choose.

### ***Mediation and Arbitration***

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. Any and all disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to professional mediation, before arbitration or legal means. The mediator shall be a neutral third-party professional/certified mediator chosen by agreement of Mr. Hammel and client. The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon.

### ***The Process of Therapy and Scope of Practice***

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Mr. Hammel will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc, or experiencing anxiety, depression, insomnia, etc. Mr. Hammel may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

Mr. Hammel has an MA in Counselling Psychology earned in 2009 at Yorkville University. He is a Registered Psychologist in the Province of Alberta (#4387) and has been in private practice since 2010. During the course of therapy, Mr. Hammel is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you. Sometimes more than one approach can be helpful in dealing with a certain situation. These approaches include, but are not limited to, cognitive-behavioral, cognitive, narrative, existential, system/family, developmental (adult, child, family), humanistic and psycho-educational. We will likely try a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include discussion and dialogue, interpretation, behavioral experiments, cognitive reframing, developing self-awareness/self-monitoring experiments, visualization, journal keeping, and reading books. Mr. Hammel provides neither custody evaluation recommendation nor medication or prescription recommendation, nor legal advice, as these activities do not fall within his scope of practice.

### ***Discussion of Treatment***

Within a reasonable period of time after the initiation of treatment, Mr. Hammel will discuss with you his working understanding of the problem, therapeutic objectives and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your



## **Cancellation Policy & Credit Card Authorization**

If you fail to cancel a scheduled appointment, we cannot use this time for another client. A full session fee is charged for no show/missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency.

We do require a credit card number on file for this purpose. Please provide it with your signature below signifying that you agree to this policy.

\_\_\_\_\_  
**Name on Credit Card**

\_\_\_\_\_  
**Type of Credit Card**

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_  
**Expiration Date (month/year)**

**I hereby authorize charges to the credit card above as follows:**

**For any late cancellation (with less than 24 hours-notice) and any missed appointments/no-shows**

\_\_\_\_\_  
**Card holder signature**

\_\_\_\_\_  
**Date**