



Marlis Krueger, R Psych
 Trista Keating, R Psych
 Cheryl Gilbert MacLeod, R Psych
 Dawn Bremner, R Psych
 Sarah Nugent, R Psych

Dallis Briggs, R Psych
 Bonnie Sullivan, R Psych
 Mitch Colp, R Psych
 Patricia Miller, Provisional Psych
 & Associates

ASSESSMENT AND COUNSELING FOR ALL AGES AND PROBLEMS ALL UNDER ONE ROOF

Child/Teen Intake Form

This form is to be completed by a parent

Name of child: _____ Date: _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____

Postal Code: _____

School Name: _____

Parent's Name: _____ Occupation: _____

Phone number(s):	Email(s):

Parent's Name: _____ Occupation: _____

Phone number(s):	Email(s):

Are parents together? _____ If no, what is the custody agreement? _____

Who is your family physician? _____

How did you hear about us? _____

Briefly describe your reason for consultation: _____

Is your child currently receiving treatment or taking medication? _____

Please describe your child's skills in these areas:

Reading:

Writing:

Math:

Behavior:

Concentration/Attention:

Social Skills:

Motor Skills:

Mood:

Are there any other areas of concerns?

Please list all schools your child has attended since kindergarten, and the grades attended at each:

School Name	Grade(s) Attended

Please list the names of all people residing with your child:

Name	Age	Relation to child

Is there any other information which would be useful to the psychologist?

Please Note: Our office requires 24 hours of notice for cancellations or rescheduling of appointments. Failure to provide adequate notice will result in a \$115 charge.



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New Client Consent Form

Thank you for choosing The Family Psychology Place! Please review this form carefully as it provides detailed information regarding our fee structure, cancellation policies as well as office policies.

At The Family Psychology Place, we offer a range of services including psychological assessment and treatment, medical/legal assessments, speech language therapy, occupational therapy, and private tutoring services.

Please note that our office staff is not responsible for supervision of children if/when parents are in session. We kindly ask that families make necessary arrangements for childcare when needed.

Fees

Our fees are applicable for treatment, assessment, teletherapy, reporting, and travel time (if-applicable). Each hour is based on a **50-minute session**, and each service is billed as per the following fee structure*:

Psychological Services	Speech Language Therapy	Occupational Therapy	Tutoring
\$230.00 per hour	\$180.00 per hour	\$165.00 per hour	\$75.00 per hour

I agree to regular charges respective to the services provided to me and to follow a zero balance policy.

I understand that services of a legal nature are to be billed at a rate of \$300.00 per hour.

We kindly request 24 hours notice prior to cancellations or appointment changes.

No-Shows/cancellations with less than 24 hours notice will be subject to a fee of 50% of the service cost.

I/We authorize the use of the credit card below for fees accrued on my account for service(s) rendered.

Name on Card:	_____
Credit Card Number:	_____
Expiry:	_____
CVC:	_____

 Client Name

 Signature (parent/guardian if minor)

 Date:

Confidentiality

Confidentiality is essential to our work. All information shared with the Family Psychology Place is confidential with the following exceptions:

1. By law, we are obligated to report child abuse or neglect to Child Welfare.
2. If someone is a danger to themselves or others, we are released from confidentiality to take necessary protective measures.
3. If records are subpoenaed by court, we are obligated to release the information requested.

Professionals at The Family Psychology Place work as a team and consult with one another about treatment plans, progress, concerns and referrals. In the interest of best serving our clients, information may be shared among our staff pertaining to your child and/or your family. Your signature on this form indicates consent for the professionals at The Family Psychology Place to share information as needed with one another.

I agree to the limits of confidentiality and policies as described above.

Policy/Consent for Using Email Services

The Family Psychology Place uses an encrypted booking system called Jane which allows for email reminders for appointments, and the transmission of invoices. We also use a private email which is protected via our firewall (*@familypsychologyplace.com*). Some clinicians use other email services (*e.g., gmail.com; telus.net*).

I agree to email communications originating from Jane, our clinic management system.

I agree to email communications originating from The Family Psychology Place.

I agree to email communications with my clinician via his/her own email server.

I understand that email is not a 100% secure method of communication.

Client Name

Signature (*parent/guardian if minor*)

Date:



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Consent for Telepsychology Service

The Family Psychology Place uses **Doxy** and **Jane**, telehealth platforms that meet Canadian privacy and information act requirements. Third party breaches are possible and these breaches are the largest associated risk with using telepsychology services.

The Family Psychology Place clinicians continue to follow ethical standards for privacy and confidentiality when using telepsychology services.

If you would rather use an alternative video-chatting platform for your sessions, it is possible, but is less secure. By requesting an alternative platform that may not meet compliance guidelines you are acknowledging an increased risk to privacy.

There should be no additional cost as a user of Telepsychology unless you have limited internet usage in your home. Please ensure the WIFI connection you are using for telepsychology services is password protected and secure.

Telepsychology services should be completed in the province of Alberta. In some instances, it is appropriate to deliver services if you or your clinician are not within Alberta. You must let your clinician know if you are not in Alberta prior to your scheduled appointment and where you are located as your clinician must contact the appropriate governing body in that jurisdiction prior to completing the session.

Research demonstrates that telepsychology is equally effective as in person sessions, however, there are some circumstances where telepsychology is not warranted. There are some potential benefits and risks of telepsychology (e.g. miscommunication, missed non-verbal cues, household noise or interruptions, increased flexibility, convenience) that differ from in-person sessions. Your clinician will discuss other options with you when and if needed.

If you are under the age of majority, we ask that an adult be present within the home when sessions are completed.

It is important during telepsychology sessions that your clinician has a phone number where you can be reached if services are disconnected.

Client Name

Client Signature (*parent/guardian if minor*)

Date: