



Welcome! I look forward to beginning our therapeutic work together, and I'm happy to share my qualifications and experience as an introduction to my practice of psychology. I am a Registered Psychologist #3544 with the College of Alberta Psychologists. My academic background includes a Bachelor of Journalism degree from Carleton University and a Masters of Counselling Psychology degree from City University. I am currently completing my dissertation toward a PsyD degree through California Southern University. I am a Certified Sex Addiction Therapist (CSAT®) and Certified Multiple Addiction Therapist (CMAT®) trained with Dr. Patrick Carnes through The International Institution for Trauma and Addiction Professionals. I am a Certified Rapid Resolution Therapy (RRT®) practitioner trained by Dr. Jon Connelly through the Institute for Survivors of Sexual Violence. I have training in Eye Movement Desensitization and Reprocessing (EMDR), Radical Exposure Tapping (RET), and Clinical Hypnosis, as well as in Heartmath and brainwave entrainment. My couples therapy background includes training in the Gottman method and emotion-focused couples therapy. My approach is collaborative and strength-based, focusing on solutions rather than problems. I will bring solution-focused, narrative, and cognitive behavioural approaches to the table in helping you move toward your counselling goals. My experience spans 30 years in public, private, and not-for-profit organizations working with individuals, couples, and families (adults and adolescents). These pages contain information about my professional clinical practices and office policies. Please review carefully and initial your agreement after each paragraph as requested. Please let me know if you have any additional questions.

Length of Therapy

The therapy process is unique to each client, and to the nature and extent of your concerns. Your counselling will involve regularly scheduled 50-minute sessions beginning with weekly or bi-weekly appointments, and evolving to less frequent appointments over the course of counselling. Some challenges can be effectively addressed in a fairly short period of time, while other concerns may take longer. The length of counselling is also influenced by the nature of the concerns, the impact they have had in your life, and the work you are able to accomplish within and between sessions. We will work together to determine a treatment plan and goals. I may also recommend online/community resources, workbooks, books, or groups. _____ (Initial)

Dual Therapy

It is unethical for two therapists to provide counselling for the same client at the same time. Unless there is a compelling clinical reason, crisis, or specialized treatment needs, I do not work with clients who are working with another therapist. If you are working with another therapist, please disclose this so we can discuss next steps. If your therapist has referred you for specialized treatment (ie., sex addiction, EMDR), I will ask you to sign a release of information so I can coordinate care/ collaborate with your primary therapist on a clinical plan that best supports your therapy process. _____ (Initial)

Confidentiality

Information you share in counselling will be kept in strict confidentiality, and will be disclosed to others only with your specific, written consent signed with me. Exceptions to confidentiality include: 1) risk of harm to yourself or others, 2) neglect or abuse of a minor child or dependent adult, and 3) subpoena by courts. Special confidentiality restrictions apply to counselling of individuals under age 18, which will be



discussed in session and explained in a separate document. Please note with couples/family therapy, the ‘relationship’ or ‘family’ is the client – not the individuals. Therefore, I do not keep ‘secrets’ shared by one individual that may impact the relationship(s) when conducting couple/family therapy. I will encourage/support the person holding the secret to share this information in the next couple/family session to support the couple/ family’s overall treatment progress/goals. If I consult with a colleague regarding your treatment, your identity will be protected by a pseudonym and alterations to specific identifying information. If you disclose illegal activity to me, I am not legally obligated to disclose to authorities, with the exception of limitations expressed above. I will also maintain your confidentiality should I see you in the community and, unless you acknowledge me, I will not approach or acknowledge you outside the office. Occasionally, I receive online invitations/‘friend’ requests through Linked In/ Facebook. Unfortunately, because these requests could potentially compromise confidentiality, I cannot accept these requests from clients. I encourage you not to share confidential information/ concerns with me via email as my email is not encrypted and I cannot guarantee your confidentiality in an electronic environment. _____ (Initial)

Non-subpoena/legal agreement

This contract is an agreement that you will not attempt (nor authorize a legal representative to attempt) to subpoena my testimony, my records, or your counselling file – or to request copies of my records or your counselling file – for a deposition, court hearing, insurance, disability, or legal matter/representation of any kind for any reason. You acknowledge that the goal of psychotherapy is the amelioration of psychological distress and interpersonal conflict, and that the process of psychotherapy depends on trust and openness during the therapy session. Therefore, it is understood by all parties to this agreement that in requesting my services as a psychotherapist, you agree (and are expected) not to use information given to me during the therapy process for your own legal purposes or against any of the other parties involved with you in counselling in a court, judicial setting, or legal/insurance matter of any kind. _____ (Initial)

Emergency Contact Information

In the event of an emergency, please provide a contact:

Name _____ Relationship _____ Phone _____

Documentation

Progress/session notes are recorded in hand-writing during or immediately after each session. All written information is confidential and filed in a locked, secure location. You may review the content of your file upon request. Please ensure that you advise me of address/telephone/employment changes during our counselling. I will retain your file for ten years, as required by my profession. _____ (Initial)

Sobriety Policy

If I notice or believe that you are under the influence of illegal drugs or alcohol, I will end the therapy session, and will assist you in finding a safe ride home (friend/family/taxi) because driving while under the influence constitutes a risk to you/others, and is a reportable offense. You will be responsible for your full session fee. We will reschedule the session after you are sober. _____ (Initial)



Session Fees

Your fee for a 50-minute session is \$200, payable by cheque, cash, interac transfer, or Paypal at the beginning of your session. Longer sessions may be arranged at a prorated fee. Please note I am not able to carry client account balances or accommodate late payments. Reports, professional consultations, assessment/report review, administrative requests, and written correspondence are billed at the same hourly rate. Fees are set in accordance with the College of Alberta Psychologists. I do not provide formal assessments or recommendations, nor will I serve as an 'expert witness' for legal, child welfare, or third party matters. The ethics of my profession require that I maintain a single relationship with you as your therapist, and cannot function in any additional capacity (e.g., assessor/evaluator). Your receipt will indicate the amount you have paid, participants in counselling, date/length/type of session, and my registration number to enable you to submit insurance claims toward reimbursement. If your cheque is returned or not honoured by your bank, you agree to pay your full session fee upon notification, plus \$45 to cover administrative fees and bank charges. _____ (Initial)

Therapist Availability

I do not provide counselling by email. With advance payment, telephone sessions may be arranged in some circumstances. I will return phone calls within 48 hours of your call. I do not provide crisis counselling between sessions or after-hours, and there is no crisis monitoring of my calls. If you have an emergency that cannot wait until we schedule a session, please contact Distress Centre at 264-1605, call 911, or visit a hospital emergency department. However, I will also do my best to make an earlier appointment time available should you and I determine this would be beneficial. _____ (Initial)

Risks and Benefits

Counselling entails certain risks and benefits. Because counselling frequently involves discussing some difficult memories or aspects of your current or past life, including issues you may not previously have talked about, you may experience some difficult emotions and some relationships may undergo strains. However, counselling also helps in providing a safe, supportive venue to begin to talk about these events/situations, and has proven to be beneficial in working through events, resolving concerns, and moving toward solutions. There are no guarantees regarding what you may experience, but every effort will be made to be respectful of and sensitive to your needs and tolerance levels. _____ (Initial)

Collaboration

You have the right to understand what is happening in your counselling. I am happy to discuss the therapeutic benefit of everything we may do in a session and over the course of counselling. I will invite your collaboration in your therapy. If you have ideas about what would be more helpful to you in counselling, please let me know. If you have concerns, questions, or discomfort at any time during our session or between sessions, please speak with me directly. I will attempt to resolve your concerns and/or answer your questions in a mutually satisfactory way. You have the right to end therapy at any time. If you wish, I can assist with a referral to another resource or qualified psychotherapist. When our work comes to a close, I request that we schedule a final session to review the work you have done and next steps. If you decide to return in future to check-in or process new challenges, I welcome the possibility of working together again dependent upon my availability and mutual discussion. _____ (Initial)



Cancellation Policy

If you need to cancel an appointment, please notify me by telephone (NOT by email) at **403-630-7595** at least 24 hours in advance of your scheduled appointment. Your call allows me to offer the time you have reserved and that I have blocked in my schedule for you, to another client who may be waiting for an appointment. If you do not provide telephone notification 24 hours in advance of your reserved appointment time at 403-630-7595, you agree that you will be responsible for the full session fee for the session time reserved. This includes no-show, forgotten, and late-cancelled appointments. Please note that third-party payers, including FNIHB, typically do not pay for missed or late-cancelled appointments. If you are utilizing insured counselling services, you would be fully responsible for these fees. If I am unable to attend our appointment due to unexpected emergency or illness, I will also make every effort to contact you 24 hours in advance at the phone number you have provided. _____ (Initial)

Deposit

A deposit of \$100 (cash/cheque) is required and will be credited to your account. In the event of unpaid account balances, late cancellations (as described above), or missed appointments, your deposit will be applied toward session time reserved. You can also apply your deposit to your final counselling session. Unused deposits will be refunded by cheque upon request at the end of counselling. Your signature below indicates your agreement/authorization to apply your deposit as noted above. _____ (Initial)

CASH OR CHEQUE DEPOSIT

I understand that my deposit will be applied to any outstanding amount on my account. My signature below indicates my agreement and authorization.

Signature _____

Third Party Insurance

If you are utilizing third-party insurance or coverage, please be aware that your provider may request information regarding your counselling including date(s) of service, length of counselling, individual(s) receiving counselling, and nature of service. You agree that I may provide this information to your health provider for the purposes of verifying such information, if requested. _____ (Initial)

Consent

Your consent for counselling is valid for one year from the date below. You may rescind or withdraw your consent in writing, without prejudice, at any time. Your signature below indicates your understanding of/agreement with the above information and policies. You agree that you have had an opportunity to discuss any questions you may have regarding the preceding information, and that your questions have been satisfactorily addressed. You agree that you are entering into a professional counselling relationship with Lynne Goertzen with full knowledge and understanding of the above.

Name (Printed)

Name (Signed)

(Date)

Address

Postal Code

Home #

Cell #

Work