

Brenda Parkinson
Registered Psychologist #2927
Marital and Family Therapist
Office: 166 Somme Avenue SW, Calgary, AB T2T 6H6
Phone (403) 465-2253
E-Mail: brendaparkinson@shaw.ca

CLIENT INFORMATION

TODAY'S DATE		ARE YOU A NEW CLIENT?		FOR PROVIDER USE ONLY	
				DX:	
FIRST NAME		MIDDLE NAME		LAST NAME	
MAILING ADDRESS POSTAL CODE		CITY		PROVINCE	
HOME PHONE ()		WORK PHONE ()		CELL PHONE ()	
E-MAIL ADDRESS		BIRTHDATE	AGE	How Did You Hear About Brenda?	

RESPONSIBLE PARTY INFORMATION

(Only IF Different from Client Information Above)

FIRST NAME		MIDDLE NAME		LAST NAME	
MAILING ADDRESS POSTAL CODE		CITY		PROVINCE	
HOME PHONE ()		WORK PHONE ()		CELL PHONE ()	
RELATIONSHIP OF CLIENT TO RESPONSIBLE PARTY					

FAMILY PHYSICIAN

PHYSICIAN NAME		PHYSICIAN PHONE ()
PHYSICIAN ADDRESS		

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT PERSON		RELATIONSHIP TO CLIENT
HOME PHONE () -	WORK PHONE () -	CELL PHONE () -

POLICY STATEMENT

CONFIDENTIALITY: All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. However, your therapist does participate in case consultation with other therapists and may from time to time, consult with them to provide you with the best possible treatment.

There are exceptions to confidentiality.

- If you indicate you might harm yourself or others, I must do what is necessary to ensure your safety and the safety of others
- If a child is at risk of neglect or abuse, I must act outside of confidentiality to ensure safety
- If I am subpoenaed to testify in court or to submit records for examination by the court, I must comply
- If you are a minor or a dependent adult, your guardian has the right to impose limits to your confidentiality

PAYMENT OF FEES: Payment for services is the patient's responsibility (or parent/guardian, if patient is a minor.) The charge for each session is \$235.00. Sessions are 60 minutes in length unless booked for longer. Payment is to be made at the beginning of each session unless other arrangements have been made between the patient and the therapist. Cash, cheques and e-transfers are accepted and cheques can be made payable to CORE COUNSELLING SERVICES. Please note that there is a \$25 service fee for all returned cheques. Letters or reports written on the patient's behalf by the therapist are charged at the hourly rate. If you default on payment of fees, your bill may be sent to a bill collector for payment.

APPOINTMENTS: You agree that if you fail to cancel your appointment with at least 24 hours advance notice you may be billed for the full fee at the discretion of Brenda Parkinson, Registered Psychologist #2927. Please understand that insurance companies do not cover missed appointments.

I have read this Policy Statement and agree to the terms as stated:

CLIENT NAME (Print)

CLIENT NAME (Signature)

RESPONSIBLE PARTY (Print)

RESPONSIBLE PARTY (Signature)

Date

Date