



## **PRACTICE GUIDELINES FOR COUPLES WORK**

Your confidentiality is assured. I may not speak with anyone about our work without your express, written permission. The only cases where I do not need your permission are if I believe you are a danger to yourself, if I believe another person may be in danger, if you are engaged in the abuse of a minor, or you inform me that a minor is at risk of being harmed, or if the courts requests your file with a subpoena. In those situations I am duty bound to make known these risk factors.

If you feel it would be important to collaborate with an individual therapist or your Family Physician, I am most open to that. This will require that you complete a **Consent to Release Information**.

If I believe consultation is required, I will discuss that with you.

If psychotropic medication is indicated, I will consult with your Family Physician.

1. Your appointment time is your time. You will have my undivided attention. You can expect that I will be punctual for our appointment. If you are late for the appointment, your appointment will that much shorter.
2. Fees are \$180.00 per 50 minute session. Fees can be paid by cash, cheque, debit, Visa or Mastercard. Payment is accepted at the time of service.
3. If your appointment is cancelled less than 48 hours before the appointment time, you will be billed the entire fee for the appointment. That failed charge must be paid at the very next session. Cancellations made more than 48 hours in advance will not be charged.
4. In couples work, your relationship is the central client. Therefore it is essential that all conversations occur within the context of the therapy appointment. Exceptions will occur if we mutually agree to individual sessions. I cannot then accept phone calls from one member of the relationship between sessions unless it is to re-schedule an appointment.
5. When I am away on holidays, a Colleague will cover my practice.
6. Emergencies may be handled by the **Distress Centre at 403.266.1605** which is available 24 hours per day, seven days per week.

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**Signature of client**

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**Date**