



*Your Mind is your greatest asset, through it you dream, explore and discover. Have taken care of it today?*

903 8 Ave SW suite 900, Calgary, AB T2P 0P7

403 269 1361 / 587 402 3631 | [info@renewpsychology.com](mailto:info@renewpsychology.com) | [Renewpsychology.com](http://Renewpsychology.com)

Welcome to Renew Psychology Inc. This document contains important information about the professional services and business policies. It also contains information about your rights and responsibilities as a client. Although this document is extensive, please take the time to read, ask questions, and understand it prior to signing it. When you sign this document, it will also represent an agreement between us.

The goal of psychological support is to provide an environment that is safe, comfortable, and collaborative. Therapy is most effective when you are comfortable with the psychologist. If you do not feel the psychologist is a good fit for you, please communicate your opinion as soon as possible.

If your voiced concerns are not addressed and resolved appropriately, you can file a formal complaint to the College of Alberta Psychologists via telephone at 780-424-5070, by email at [psych@cap.ab.ca](mailto:psych@cap.ab.ca), or by web at [www.cap.ab.ca](http://www.cap.ab.ca).

#### **COMMITMENT TO CONFIDENTIALITY**

All information shared with Renew Psychology is confidential. No information about you will be released without your written authorization.

**Please note that communication via email and/or text message is not a secure method of communication. It is not recommended that therapeutic information is sent via email or text message.**

All personal information that is collected is done under the Privacy Protection Act, and is gathered only for the purposes of collecting fees, providing an invoice, mailing or faxing forms, imparting information, and booking appointments. All other requests for your personal information to be either released or obtained by Renew Psychology or other professionals will require your written permission.

There are conditions that limit confidentiality, and the psychologist is ethically and legally bound to share necessary confidential information with others:

- When there is risk of imminent danger to yourself or others.
- When there is a reasonable suspicion that a child, elder, or any vulnerable person is being abused sexually, physically or emotionally or neglected or is at risk of such abuse.
- When the court issues a subpoena regarding information that has been shared in therapy or obtained as part of an assessment.

#### **APPOINTMENTS**

Your appointment time reserves the psychologist's time for you. Should you need to cancel your appointment time, a 24 hours notice is required or the standard rate will be charged. However, in order to allow for unforeseen circumstances (illness, accident, etc), Renew Psychology offers one missed / late

cancellation of appointment at no charge. We ask that you afford the psychologist the same courtesy, thank you.

The rate per session is \$210. Other billable services, such as professional letters, form completion, and review of written records from other specialists are billed at 15 minute increments as required at the fee of \$210 per hour. Payment can be made by credit card, debit, cash or email money transfer at the time of the appointment.

The signature below indicates that you consent to receiving psychological treatment, and have had the opportunity to review the above information and discuss any questions with the psychologist.

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Name (Print)

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Signature/Date

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Witness Name (Print)

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Signature/Date



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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM DD YY)

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Phone: \_\_\_\_\_ Okay to leave a message? Yes / No

Email: \_\_\_\_\_

May we email you? Yes/No

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM DD YY)

Preferred Pronouns: \_\_\_\_\_

Domestic Violence: Yes/No

Immediate Family Members (i.e. partner; children; parents; siblings) (Name; Relationship; Age):

\_\_\_\_\_

Occupation: \_\_\_\_\_

Recent Change/ Stresses/Losses/Life Transitions: \_\_\_\_\_

\_\_\_\_\_

Medical Condition(s) /Medication(s): Yes/No \_\_\_\_\_

Previous Psychological Diagnosis: Yes/No \_\_\_\_\_

How did you hear about us? Friends/Family      Google Search    Social Media    Psychology Today

Neighbors of Aspen Woods      Alberta Black Therapist Network    **Other**

Professional Referral (Name):