

*Nicole Bratton, Registered Psychologist*

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**Welcome!** The following information is provided to help you understand my procedures and policies.

**Therapeutic Interventions:** Therapy is a collaborative process where we focus on addressing your goals. It is possible that as we explore your life, painful memories or emotions may arise. My focus is on helping you manage these emotions and providing you with tools to help you reduce discomfort. I may suggest certain therapeutic approaches, which you have the right to refuse at any point.

**Confidentiality:** Information shared with a psychologist is strictly confidential and is not disclosed without your written permission. The following are situations in which confidentiality is not guaranteed:

1. If you present as a danger to yourself or others
2. If a vulnerable person (such as a child or senior) appears at risk
3. If your file has been subpoenaed by a court of law
4. If a third-party payer, such as your insurance company, asks for billing information.
5. If you agree to me consulting with colleagues without sharing your name or other identifying information. This one is optional.
6. In the case of a child receiving therapy, the child's confidentiality will be maintained except if there are concerns of risk to the child's wellbeing. In this case, I will inform the guardians or the appropriate authorities.

**Crisis Support:** I do not provide emergency crisis services. If an emergency occurs, it is your responsibility to use crisis services available or proceed to the nearest emergency department. If you require immediate assistance, please consider:

The Distress Line: 780-482-4357; 2SLGBTQIA+ Support line: 1-844-702-7483  
Momentum Walk-In Counselling: 780-757-0900 or your nearest hospital Emergency Department, for children the U of A Hospital Emergency has access to the Stollery Children's Hospital.

**Email/ Text/ Phone Communications:** I prefer you use email or phone to communicate with me outside of sessions. I am happy to discuss appointment times and dates, but any other issues related to your therapy will be discussed during sessions. If you choose to email or text me related to your therapy sessions, please know that email and text are not completely secure or confidential, and consequently, I will not discuss personal information with you on these platforms.

**Format of Sessions:** In-person and video and phone sessions are available.

**Video/ Phone Sessions:** For video sessions, I use doxy.me, a secure platform that is HIPPA and PHIPA compliant. These are the regulations regarding health information. You do not have to download anything; I just send you the link. If we get disconnected or are having technical difficulties, just exit the program and re-click on the link. If this does not work, I will call you.

**Payment:** My fee is \$200 per session. Sessions are 50 minutes in length. A minimum of 24-hour notice is required for cancellation. Cancellations with less notice will be billed at the regular cost for the session. **Cancellations must be received 24 hours prior to the scheduled appointment. Without this, you will be required to pay the FULL AMOUNT for the missed session.**

Payment for video or phone sessions is made via e-transfer to [nicolebratton@shaw.ca](mailto:nicolebratton@shaw.ca) prior to your appointment. Payment for in-office sessions can be made with cash, cheque, Visa, Mastercard, debit, or e-transfer. A receipt will be emailed to you within 1 to 2 business days.

**Storage of Information:** Notes regarding your sessions are kept in a locked filing cabinet, as well as in a private and secure cloud storage that is HIPPA and PHIPA compliant.

**Termination of Counselling by the Psychologist:** Although it rarely happens, I reserve the right to end the counselling relationship. Should this happen, I will have a conversation with the client.

Your signature below confirms that the above information has been read by you, that you have had the chance to ask questions about the information, and that you accept the terms outlined within it.

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Client/Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Therapist's Signature)

\_\_\_\_\_  
(Date)

**Client Information**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Birthdate                      Age

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number                      Is it ok to leave a message at this number? Y/N