

NEEHALL PSYCHOLOGICAL SERVICES

CLINICAL PSYCHOLOGY: ASSESSMENT & INDIVIDUAL/MARITAL THERAPY
Place 110, 10008-110 Street, Edmonton, AB T5K 1J6
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NEW CLIENT INFORMATION

<p>Dr. Joan Neehall & Associates are pleased to welcome you and look forward to being of assistance. The provision of quality and timely service is a goal we seek to meet at all times. We value excellence, and will do our very best to ensure that the assistance we provide meets your expectations.</p>	<p>Dr. Joan Neehall, PH.D Registered Psychologist 1579 (AB) Registered Psychologist 922 (BC) Board Certification in Forensic Medicine (ABPS) (BCFM) Board Certified Forensic Examiner (BCFE) Canadian Register of Health Services Provides in Psychology Canadian Psychological Association College of Alberta Psychologists American Psychological Association American College of Forensic Examiners American Board of Medical Psychologists Canadian Association of Clinical Hypnosis College of Psychologists of British Columbia The British Psychologists Society</p>
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PAYMENT FOR SERVICES

Payment for services is required at the time of each appointment. If you have insurance coverage, you can submit your receipt(s) for reimbursement. We accept payment by way of cash, cheque and MasterCard. Arrangements can be made for the provision of some Employee Assistance and Family Assistance Plans prior to your first appointment.

CANCELLATION POLICY

The appointment time you have booked is reserved exclusively for your use. It is the policy of this clinic that *all* cancellations must be called in a **minimum of 24 hours prior to the scheduled appointment**. An *invoice will be issued* for missed appointments with no advance notification of cancellation.

FEES - EFFECTIVE NOVEMBER 01, 2014

Our fee schedule is as follows:

Individual counselling	\$180 (per 50-minute session)
Couple/marital counselling	\$180 (per 50-minute session)
Legal/Assessment	\$300 (per 50-minute session)
Curative Treatment	\$180 (per 50-minute session)
Curative Discharge	\$3500
Motor Vehicle Accident	\$1500
Forensic Assessment	\$4000

Each counselling and/or assessment session is based upon fifty (50) minutes. The balance of the session time (ten minutes) is used by the psychologist for file notes and case planning. Telephone consultation, letter and form completion will be invoiced at the cost of the service provided.

PARKING

Parking is available in our large parking lot located at the back of the building. Ours is a large, two-sided lot, identifiable by a yard which is surrounded by a chain-link fence. You will be facing this yard when you turn into our lot (facing east as you turn in). You may park on either side (north or south), and there is a sidewalk that comes from the parking lot to the front entrance of the building. Please sign your vehicle in at the front desk upon arriving so that we may have a record of the vehicle you are driving to ensure that your vehicle is not tagged and towed at your expense.

SPECIALIZED SERVICES

The following specialized services are available: individual psychotherapy/counselling, marital/couple therapy, parenting, educational, and forensic assessments, post separation/divorce counselling, and mediation. Further information regarding these services and fees for these services will be provided upon request.

MARITAL/COUPLE COUNSELLING

We will make every attempt to improve your relationship by providing quality service. Sometimes, the outcome of couple counselling is an improved relationship with clearer expectations and understanding of each person's contribution to the relationship. The result may be, at other times, a decision to have a healthy separation. At no time do psychologists in this clinic take sides nor see either partner separately, except during the initial intake/assessment procedure. Any information provided will be shared with both partners.

CONFIDENTIALITY

The information you share will not be given to anyone without your written permission. All professionals and clerical staff have taken an oath of confidentiality to protect your rights. There are a few rare occasions when confidentiality must be waived and, if possible, you will be advised if this should ever be necessary. These would include, but not be limited to, the following:

1. If your psychologist has reason to believe that you are a danger to yourself and/or others, s/he has a legal responsibility to report this to the appropriate authorities.
2. If your psychologist or file is subpoenaed to Court, the information must be released.
3. Information indicating child abuse or neglect must be reported to Child Welfare authorities.
4. If you are under 18 years of age, or have been appointed legal guardian of the Courts, certain information may have to be shared with your guardian.

If you have children in therapy, what your child tells his/her psychologist will be treated as confidential unless the psychologist determines there are some risk factors which you as a parent need to know; or unless you, your child and the psychologist have made other arrangements for questions to be asked and information to be obtained.

CLIENT RIGHTS

Contact will be terminated when you and your therapist have agreed to it or if you have not been in contact with this office for two (2) months.

1. No client will be deprived of rights by reason of treatment.
2. No discrimination in treatment.
3. Client has the right to inspect records:
 - Psychologist may temporarily remove portions of the record prior to inspection (if detrimental to therapy of client).
 - Client has the right to request update of his/her record.
 - Client may rebut information in his/her record (in writing to clinical director).
 - Client has right of appeal to record access (in writing to clinical director).

- 4. Client has a right to voice objections concerning the treatment modalities offered. Client may have his/her treatment plan reviewed by a mental health professional independent of the treatment team, who shall make a report of his review to the psychologist.

OFFICE HOURS AND EMERGENCY ASSISTANCE

Receptionist services are available between 8:00 AM– 4:00 PM, Monday through Friday. If you wish to leave a message outside of regular business hours, we have confidential voice mail available at our office number 780-488-7425

The undersigned agrees to consent to treatment and to allow inspection of files by the appropriate funding agency.

If a parent or guardian is signing, that person is giving permission to treat the designated client.

Your signature indicates that you have read and understand the above information, and that you accept these terms for yourself and/or your child.

CLIENT SIGNATURE WITNESS

CLIENT SIGNATURE WITNESS

PARENT/GUARDIAN DATE