

Lisa Muhler Registered Psychologist Ltd.

Counseling Services Agreement & Informed Consent

How were you referred to me? _____

Welcome

I want to welcome you and let you know that I look forward to beginning our therapeutic work together. I am licensed as a Psychologist in Alberta and BC and have a Master's Degree in Marriage and Family Therapy. I completed a PhD that focused on the unique challenges many face when they are dealing with a depression, anxiety, relational challenges, addiction and many other related challenges. I am also a Supervisor for and Certified Sex Addiction Therapist trained under Dr. Patrick Carnes and certified through The International Institute of Trauma and Addiction Professionals. My private practice that I conduct my counseling services through is called Lisa Muhler Registered Psychologist Ltd. These forms contain information about my professional clinical services and my business policies. It is important that you first review the following information before we start. Please feel free to ask me any questions you may have about these policies; I will be happy to discuss them with you. There are various places where your signature is required on the following forms, please look this information over carefully and bring with you to your first session.

Therapy Services – Risks and Benefits

I work with many individuals and families who struggle as a result of mental illness and/or addictive disorders. My role is to assist the individuals I work with in finding a path that works for them. I help people with the interpersonal challenges they face and help them put a road map together that will assist in a long-term recovery process. The process of therapy often involves talking about very difficult subjects and areas of your life. Therapy may ignite feelings that are painful and it is quite normal to begin feeling things like sadness, guilt, remorse and anger. It is common to examine interpersonal relationships and to make decisions that may result in those relationships ending or changing. Therapy may also result in a strengthening of those relationships as you continue to work on aspects of life that have challenged those relationships. I check in regularly with my clients throughout therapy and encourage you to bring forward any concerns you may have.

Lisa Muhler Registered Psychologist Ltd.
B.C. R. Psych. # 2209
Alberta R. Psych. #4179
1601 1st Street S., Cranbrook, B.C. V1C 1B7
250 464-5049

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Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. **There are exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where I consult with adjunct therapists in order to discuss aspects of our sessions to support our therapeutic work together and to best support your process. When doing so, please understand that I will not use your name and will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to me. Should you request that I speak with another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), I will first ask for your written consent in order to do so and only after determining if this is in the best interest in supporting your therapeutic process and progress.

Legal Exceptions to Confidentiality

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. If I believe there is reasonable cause to suspect the physical, sexual, or emotional abuse of a child or an elderly person I am legally mandated to report that suspicion to the appropriate authorities. Legally, I am obligated to report the intent to harm others. Additionally, I may be required by court order to release records to court. In these cases I must comply with that order which may include answering questions about your therapy in court.

Suicide Policy

If you are suicidal, I will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm to yourself.

Your signature indicates that you have read and understand confidentiality and limits to confidentiality:

Signature _____ Date _____

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Emergency Contact Information

In the event of an emergency, please provide a contact:

Name _____

Relationship _____ Phone _____

No Secrets Policy

Please note that with couples and family therapy the couple and/or the family is the client (e.g. the treatment unit), **not the individuals**. As such I practice a **no-secrets policy** when conducting marital/couples/family therapy, which means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts me outside of the therapy session to share a secret. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions. I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. And I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as I deem appropriate or necessary to support the treatment units overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit fill out and sign an intake form.

Therapy Sessions

Standard sessions are 50- minutes in length however I will schedule longer sessions upon request. Therapy can be conducted in office or via teletherapy. If you are late to your session, please understand that the session will not extend past your 50-minutes, nor will the time be made up at future sessions, as this will impact other clients I see. I understand that there are circumstances that can interfere with scheduled appointments. Unless there are extraordinary circumstances I will charge for sessions that are cancelled the same day.

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Therapeutic Approach & Style

My approach to therapy is to assist people in developing objectivity and clarity regarding life's challenges. I believe that my role is often that of a coach and that the therapeutic environment is where healing and insight can develop. We consider and practice healthy coping, explore the past, to develop objectivity, and work towards self-acceptance and hope. I believe that my role is to collaborate and provide an honest reflection of process while you discover new directions that fit your values, goals and hopes for the future. My beliefs about people inform how I practice and I am always impressed and humbled by the resilience of my clients. For these reasons I believe therapy is a place of reflection where we are able to practice new life skills and prepare for change outside of therapy. I am direct, honest and will challenge thinking patterns that have caused you problems. I believe that people must be willing to do the footwork of change and this means that I will support you in the process but cannot do it for you. This means that I will not work harder than my clients or accept responsibility for your choices or consequences. I believe that you are the expert in your own life and are fully capable of creating the life that you want with support and tools.

Initially we will create a therapeutic plan that identifies areas of focus based on your presenting needs and goals. Again I believe that you have the ability to heal and become a fulfilled, relationally connected person. I have an eclectic practice because I believe my clients all present as individuals and do not all respond to the same therapeutic interventions. My practice is client centered and I use several modalities to meet the needs of my clients.

Fees

My fee is \$180 per hour. This fee is the same for in office, teletherapy [phone sessions], or couples therapy. Fees for therapy are to be paid in full at the time of the session. Payments may be made via check to Lisa Muhler Registered Psychologist Ltd (my practice name) or by cash. If it is more convenient to use pay pal or send an E transfer I will accept that method of payment if it is completed the day of our session. As you can appreciate it is difficult to track billing if I do not adhere to this policy. **I also charge a 10 dollar administration fee per week for unpaid invoices.**

PLEASE NOTE: *Fees are agreed upon per each client's financial consideration and prior to our first session.* Charges for unpaid services may be turned over to a collection agency which compromises confidentiality.

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Fee Increases

Fees are reviewed periodically and may be increased. If this occurs you will be given 30 days notice and your current financial situation will be taken into consideration. If you have any questions about our fee arrangement please feel free to discuss those with me.

By signing this document I am acknowledging the terms of condition of therapy with Lisa Muhler.

Informed Consent to treatment:

Client Name(s):

Date:

Lisa Muhler, R. Psych.

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