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ASSESSMENT AND COUNSELING

FOR ALL AGES AND PROBLEMS

ALL UNDER ONE ROOF

NEW CLIENT INFORMATION

The Family Psychology Place psychologists charge **\$230** per hour (based on a 50 minute session). This rate applies to all services provided by the psychologists, including therapy, assessment, report writing, consultations, school visits and travel. Psychological assessment for legal/court purposes is **\$300** per hour. OT services are **\$165** per hour, SLP services are **\$180** per hour, and tutoring is **\$450 for 6 sessions**.

When sessions are booked for "parents only" (i.e. to discuss results of testing) we ask that childcare is arranged as the receptionists are not able to provide supervision.

Please let us know as soon as possible if you need to change an appointment; We keep a cancellation list and can give the appointment to someone who is waiting to come in.

You will be billed \$115 for a missed appointment or a late cancellation with less than 24 hours notice.

Confidentiality is essential to our work.

All information shared with the Family Psychology Place is confidential with the following exceptions:

1. By law, we are obligated to report child abuse or neglect to Child Welfare.
2. If someone is a danger to themselves or others, we are released from confidentiality to take necessary protective measures.
3. If records are subpoenaed by court, we are obligated to release the information requested.

Professionals at The Family Psychology Place work as a team and consult with each other about treatment plans, progress, concerns and referrals. We thus share information between ourselves in the care of you, your child and/or your family. Your signature on this form indicates consent for the professionals at The Family Psychology Place to share information as needed with each other.

If you have been **referred** by your **physician, please read and complete** one of the following options:

() By checking this box I **consent** to have The Family Psychology Place send a onetime letter to my physician confirming that I have met with a psychologist. No further correspondence will be sent without your consent.

() By checking this box I **do not consent** to have The Family Psychology Place send a confirmation letter to my physician.

Date

Client Name

Signature (Parent if Client is a Minor)