

# **GRYBA PHILLIPS PROFESSIONAL COUNSELLING ASSOCIATES**

**206-912 Idylwyld Drive North  
Saskatoon SK S7L 0Z6**

**Business: (306) 934-5898  
Facsimile: (306) 934-5812**

## ***Statement of Understanding***

Welcome to Gryba Phillips Professional Counselling Associates. We are an association of individual private practitioners. It is our goal to provide you with quality counselling in an encouraging and supportive environment.

Our service providers have their Master's degree in the Social Sciences, Social Work, Psychology or Educational Psychology and have a minimum of five years experience.

You may be seen individually, with a partner or as a family.

Counselling is a process of exploring one's feelings, thoughts, and behaviours; and of setting goals and problem-solving. The counsellor may use a variety of techniques to help you achieve your counselling goals. You have the right to be informed about the techniques, and you have the right to be involved in choosing the techniques and methods that feel most helpful to you.

Appointments normally vary between 50 minutes and 60 minutes in duration.

You may stop counselling at any time, but it is preferred that you talk with your counsellor before you decide.

### **I. Confidentiality and Limits of Confidentiality**

The information you provide to your counsellor at Gryba Phillips Professional Counselling Associates is private and confidential within our agency. No information is released without your knowledge and permission with the exception of the following reasons – it is required by law to release information if:

- It is believed that you or someone else is in imminent danger.
- It is believed a child under 16 years of age may be at risk or neglected.
- A counsellor at Gryba Phillips Professional Counselling Associates is subpoenaed by a court of law or is presented with a search warrant.
- A child under 16 years of age discloses physical or sexual abuse.

### **Record Keeping**

Counsellors keep records of your counselling sessions and a treatment plan which includes goals for your counselling. These records are kept to ensure a direction to your sessions and continuity in service. All case notes are kept secure and confidential. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should you wish to have your records released, you are required to sign a release of information which specifies what information is to be released and to whom. In some situations, you will be required to contact your EFAP for release of any information. Records will be kept for at least 10 years but

*Statement of Understanding (Nov 2016)*

may be kept for longer. Records will be kept either electronically or in a paper file and stored in a locked cabinet in the counsellor's office.

**II. Follow-up Client Satisfaction**

Employee and Family Assistance Programs (EFAP) providers will contact you after the counselling sessions are finished to find out how things have changed for you and/or how satisfied you were with our services. In these situations, the EFAP agency contacts you directly.

Alternately, please feel free to provide us with your feedback by placing your comments in the "Comments Box" located at the front desk. We will address any concerns as soon as possible.

**III. Fee Agreement (if applicable)**

We ask that you pay your fee **upon arrival** for your appointment. If you need to cancel or reschedule a session, we ask that you provide at least 24 hours' notice. If you miss a session without cancelling, or cancel with less than 24 hours' notice, you may be required to pay for the session.

It is important to note that insurance companies and most EFAPS do not provide reimbursement for cancelled sessions; thus, you will be responsible for the cancellation fee.

To receive sliding scale fees, you must present proof of income through recent pay stubs or tax forms. Fees are subject to change at counsellor's discretion.

Payment can be made by cheque, cash or debit.

I agree to pay the fee of \$ \_\_\_\_\_ per session. \_\_\_\_\_ (Please initial).

I/We have read this "Statement of Understanding" and understand the standards, expectations, and limitations of the counselling process. If children are involved, I/We have also read the Child Guidelines and give consent for the counselling process.

Client(s) Name (Please Print)

Signature

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian

Signature

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian

Signature

\_\_\_\_\_

\_\_\_\_\_

Witness Signature

Date

\_\_\_\_\_

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