

Carmen Richardson Counselling
1528 12th Ave SW
Calgary, AB T3C 0P9

SESSIONS

Sessions will be scheduled based on your clinical needs, your time and financial considerations and in conjunction with my availability. Sessions generally last 55 minutes. _____

FEES

Clinical social work fees are not reimbursed under Alberta Health Care. If you have extended health care insurance or an Employee Assistance Program, you may be insured for all or part of the counseling costs. Payment is required at the end of each session unless otherwise agreed upon. Payment is acceptable by cash or cheque and your receipt will be issued at the time of payment. _____

TELEPHONE CONSULTATIONS

Telephone consultation will be charged at the regular counseling rates. Payment can be made at the next counseling session or by mail, whichever is agreed upon at the time of the consultation. _____

CANCELLATIONS/LATE ARRIVALS

The appointment is reserved exclusively for you. If you know in advance that you will need to cancel a session, a 48 hour cancellation notice would be appreciated. A 24 hour notice is required. **Unless you have a valid emergency or illness**, failure to provide a 24 hour notice will result in the FULL session charge. Please note that most insurance companies do not cover missed appointments or late cancellations. Therefore, these will be the responsibility of the client. If you are late for an appointment, the session will not be extended and will end as scheduled. If I am running late, I will ensure you receive your full session time of 55 minutes. _____

TELEPHONE CONTACT

To reach me, please call (403)245-5553 ext. 15 and leave a message on my voice mail. Generally calls are returned within 24 hours. If you wish a call during the evening, please leave an evening phone number. _____

EMERGENCIES

If an emergency arises during the day, I will try to schedule an appointment that day or the following day to see you. If an emergency arises in the evening or night, please call:

- your family physician
- The Distress Centre (403-266-1605)
- Psychiatric emergency services at one of the city hospitals

Please initial each section and sign below to indicate that you have read, understand, and agree with the above information:

Printed Name: _____ Signature: _____

Date: _____