



A.I.M. Counselling Service Contract

Informed Consent with Psychologist Kristin LeCoure, M.C.

Welcome to **Accendo Incedo Magnus (A.I.M.) International Inc.** herein after referred to as **AIM**. This document contains important information about our professional services and business practices. Once you sign this consent form, it will constitute an agreement between you, **AIM** and your **AIM** therapist. The following information is necessary in order for us to provide all clients with outstanding service. If you have any concerns regarding this information, please discuss such with your therapist.

Qualifications

Therapists in our office are well-qualified professionals. Kristin LeCoure possesses a Master's Degree in Counseling Psychology and is a Registered Psychologist with the College of Alberta Psychologist (#4795). She is also a Canadian Certified Counsellor with the Canadian Counselling and Psychotherapy Association (#2631) and continues to engage in sound professional development to keep current on the latest developments in state of the art psychological services.

Fee-Related Issues

You will be notified of our fees prior to your appointment. Please pay during or prior to your scheduled session through e-transfer (kristin.lecoure@gmail.com), cash, or cheque made payable to Kristin LeCoure. An official receipt will be issued. Many health insurance companies do provide coverage for psychological services. By checking with your insurance provider, you can determine if you can be financially reimbursed for your counselling sessions.

A.I.M. does not direct bill insurance companies. However, we do have a number of contracts through various Employee Assistance Programs (EAP's) where direct billing is available. Please inquire with your HR Department whether this is relevant in your case. If no direct billing arrangement is in place, the process for reimbursement is to pay for your session in full and submit the receipts to your insurance company with the accompanying health claim form(s). Please also advise your therapist if financial constraints are an issue.

Contact Information

I can be reached directly at (780) 262-3488. I have a confidential answering machine on which you may leave messages of which I will check throughout the day. Please note however, that I DO NOT provide counselling services via text but this can be a great way to schedule an appointment.



Confidentiality

Confidentiality is a critical tenant of **AIM** and clients are asked to respect the privacy of others accessing therapy. All information concerning you and your therapy will be held in confidence by your therapist and can only be released with your written permission excepting when your therapist is bound by law to release such as is the case when (1) a client is a danger to self / others, (2) a child, an animal or an elderly person is being abused or neglected or (3) when a court orders a release of information.

Exceptions may include requests made by an insurance company and/or EAP regarding a diagnosis and/or relevant clinical information to provide or to continue coverage; however such requests would be discussed with you before such information is released.

Cancellation Policy: If you need to cancel or postpone your appointment, at least 24 hours notice is required or you will be charged at the current A.I.M. counselling rate for your session.

Immediate Crisis Situation

Please note that we do not staff a 24-hour crisis line. If you are unable to reach us and are in immediate emotional, psychological or physical distress, please either report to the local Emergency Room at your nearest hospital, dial 9-1-1, or call the Mental Health Crisis Line (1-877-303-2642) and leave me a message at (780) 262-3488. Let me know of your intentions, including the name of the attending physician or counsellor. Please have them call me at their earliest convenience so that we can work together in your best interests.

A.I.M. International Inc. and its counsellors are released from any claims and liability, known or unknown, arising from the services that I select to receive from my A.I.M therapist.

Signatures Verifying Agreement

Your signature below indicates that you have read the information in this document, understand it, and you agree to abide by its terms as a client of **A.I.M. International Inc.**

Client Signature _____ Date _____

A.I.M. Therapist Signature _____ Date _____
