



Thank you for your interest in Dreamcatcher™ services. Our mission is to help people find healing, balance, joy, hope and confidence. We are here to guide, teach, counsel and inspire. Please review the paperwork below. Once read and signed, please email them to intake@dreamcatcherassociation.com or fax them to 780.809.1046. From there we will determine which therapist is the best fit and contact you to move forward with booking.

DEPENDENT PAPERWORK

Risks and Benefits of Therapy

I understand that while therapy may provide significant benefits based on empirical evidence, it may also pose risks by eliciting uncomfortable thoughts and feelings, or may lead to the recollection of troubling memories. I understand that choosing not to engage in therapeutic treatment may also result in greater discomfort or escalating risks. I acknowledge that feedback and communication from myself and my dependent about the therapeutic process and impact is crucial in reducing my dependents risk for harm, and that my dependent and I are encouraged to communicate any concerns or discomforts with their therapist as soon as possible in my dependents treatment. I also acknowledge that therapy is most effective when my dependent is comfortable with their therapist and so, should my dependent not feel comfortable or connected to the therapist assigned to them, my dependent or I will either request a transfer to another individual or make my dependents or my concerns known in order to best facilitate care for my dependent.

Client's Rights and Responsibilities in Therapy

I understand that my dependent has the right to get respectful therapy that will be helpful to them from a safe, therapeutic setting that is free from sexual, physical, or emotional abuse, and that before entering therapy I, as legal guardian, have the right to have written information about therapy, fees, method of payment, insurance coverage, number of sessions the therapist thinks will be needed, substitute therapists (in case of vacation or emergencies), and cancellation policies.

I, the legal guardian, have the right to ask for and receive information about the therapists qualifications, including their license, education, training, experience, membership in professional groups, special areas of practice, and limits on practice, and to ask for and receive information about the Dreamcatcher™ animals health, possible diseases, ailments or temperaments, veterinarian checkups or past incidents of harm to others, if any. I, the legal guardian, have a right to consult with my dependents' therapist on the appropriate type of evidence-based treatment my dependent may receive and discuss my dependent's treatment with others (including getting a second opinion). My dependent and I also have a right, should my dependent or I see fit, to request for a change in therapist or approach, or be referred to another professional to ensure that my dependent receives the best care possible, or to know if my dependents therapist will discuss my dependents case with others (for instance – supervisors, consultants, or students).

I understand that as legal guardian I have a right to view my dependents file notes at any time and to know what is being recorded about my dependent, and that my dependent and I are responsible for setting therapeutic goals for their treatment and will review them as required. My dependent and I will cooperate with the therapist in evaluating the treatment process and work toward achieving the identified goals.

I understand and accept that, as legal guardian, I am responsible for the decision on how to handle issues identified in my dependent and my interactions with the therapist as well as for implementing or integrating strategies, choices, actions, and results arising out of, or resulting from, my dependent or my interactions with the therapist. I further understand that my dependents non-engagement in therapy or in therapeutic exercises, as introduced or recommended by the therapist, may delay or inhibit the achievement of the therapeutic goals. I am aware that my dependent has the right to refuse to answer any question or give any information my dependent chooses not to answer or give, and that my dependent or I can refuse audio or video recording of all or part of a session (but may ask for it if I wish).

I understand that my dependent or I may stop treatment at any time and that this consent for my dependent to access services will remain in effect until such a time as I withdraw it via written consent or discontinue services with the therapist by not accessing services for 6 months or more. I also acknowledge that if my dependents therapist is a Registered Provisional Psychologist, it means they have not fully completed licensure requirements through the College of Alberta Psychologists and is thus required to obtain supervision at least 1 hour for every 15 hours of client work with a Registered Psychologist. I further understand that my dependents file information can be shared with their supervisor for the purpose of due diligence and consultation, but that my dependents information will not be released outside of these individuals without my written consent.

I understand that I have the right to report immoral and illegal behaviour by a therapist or other Dreamcatcher™ staff or volunteer and should I have a concern with my dependents service or therapist, I can contact the Executive Director of Dreamcatcher™, Eileen Bona at 780.809.1047 ext 2. If a specific ethical or practice breach, in accordance with College of Alberta Psychologists' Code of Conduct is unaddressed, I may bring the matter to the College of Alberta Psychologists.

Acknowledgement & Consent for Participation in Therapy

I, the legal guardian of the dependent listed below, hereby consent to our/their participation in psychological services at Dreamcatcher™ with the following understandings:

Records & Confidentiality

I understand that all information shared with the therapist is confidential and no information will be released without my written authorization. I understand that any personal information that is collected is done so under the Health Professions Act (HPA), the Personal Information Protection Act (PIPA), and where applicable, also the Freedom of Information and Privacy Act (FOIP) and is gathered by Dreamcatcher™ solely for the purposes of collecting fees, mailing forms, arranging appointments, facilitating my treatment and managing my treatment records. My, or my dependent's, personal information will not be used for any purpose other than those outlined in this *Consent for Treatment* nor be released without my consent except as required and permitted by law. Verbal consent for limited release of information may be necessary in special circumstances which will be discussed and attained prior to any action taken with my, or my dependent's, personal information.

All communication becomes part of a confidential clinical record which is securely and confidentially kept for 10 years after the age of majority.



Anything a client says during session will be confidential, with the following exceptions:

- The client directs the therapist to tell someone else and have signed a written release of information.
- The therapist determines that the client is at risk for being hurt or hurting others.
- The therapist is subpoenaed by a court to disclose information.
- The therapist suspects actual child abuse or neglect.
- The therapist suspects abuse or neglect towards vulnerable persons such as elders, people with disabilities, etc.
- When the client reports a psychological condition, that in whole or in part, was caused by something that happened at work and psychological symptoms have caused them to be off work for more than one day, and/or caused, or is likely to cause, them to be unable to perform their regular working duties, the therapist is legally bound to file a WCB report.

I understand there may be times where my dependent will be video and/or audio recorded or observed by a supervisor, student, or another Dreamcatcher™ therapist for educational purposes, or because I have requested an audio or video recording of my dependent. This will only happen if I provide my consent for it ahead of time. At any time, I understand that I may revoke my consent to have my dependent video or audio recorded.

In extension to the above, there may be times where other Dreamcatcher™ therapists are called in to consult about my dependent anonymously, in an effort to provide the most effective therapeutic benefit. I understand that my dependent's identity will not be disclosed during these consultations, should they occur.

I acknowledge that my dependent sessions may be taking place with a Therapist or Practicum Therapist who is in consultation with and being supervised by Eileen Bona, Registered Psychologist or Mel Labrecque, Clinical Manager. Each of these practitioners are in good standing with their regulatory bodies, where applicable.

With this *Consent for Treatment*, I authorize Dreamcatcher™ to release my name, or my dependent's name, and service attendance record for billing purposes where applicable. Examples include but are not limited to:

- if a specific entity has formally referred me, and my dependent, to Dreamcatcher™ for services and is responsible for paying for the services that I/they will receive or have received from Dreamcatcher™ under that referral;
- if I am requesting to have Dreamcatcher™ direct bill my private health benefits or Indigenous Services Canada
- if I am found to have an outstanding balance which needs to be sent to a collection's agency

I acknowledge that my consent is free from pressure or influence from any person or entity and understand that information shared with Dreamcatcher™ Therapists will be held in strict confidence.

Dependent Written Assent

I understand that the therapist will go over a *Dependent Written Assent for Counselling Form* with my dependent. This form is intended to explain therapeutic services, what to expect, and my dependents' rights in counselling. I am aware the therapist will explain this form in an appropriate manner and at the cognitive level and understanding that my dependent needs. Once signed by the dependent, this form will receive assent from my dependent to have the therapist share information with me; to have the dependent express their concerns or worries; to have the dependent understand that they will be working outside with animals and that there are some risks involved; to have the dependent understand that the things they discuss with the therapist are private, however due to the law, there are something the therapist must share with others, as listed above. If the dependent is not capable of signing this form for any reason, this will be documented by the therapist and will not impact the fact that the information on the *Dependent Written Assent for Counselling Form* will still be shared with the dependent.

Acknowledgment of Risk and Release of Liability

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS and must be read and understood prior to participating in animal or nature assisted activities. READ IT CAREFULLY!

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of 1320394 Alberta Ltd a.k.a Dreamcatcher™ Nature Assisted Therapy a.k.a Dreamcatcher™, its directors, officers, employees, volunteers, business operators, agents and site-property owners or leasees (collectively the "Host"). Without limiting the generality of the foregoing, "Animal and Nature Activities" include but are not limited to interacting with large animals including equines, interacting with a variety of farm animal species, riding equines, being in a farm environment, nature walks, skating, tobogganing, nature crafting or building in nature, hayrides and animal training provided by the "Host" to the Participant.

I, the legal guardian of the dependent listed below am executing this waiver on behalf of the dependent participant in my capacity as legal guardian, and with the intent that this waiver be binding on myself and the dependent participant for all legal purpose. I hereby acknowledge to have read and agree to each of the following understandings:

I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Animal and Nature Activities" and injuries resulting from these "Risks" can occur. I am aware that the "Risks" of "Animal and Nature Activities" mean those dangerous conditions which are an integral part of "Animal and Nature Activities", including but not limited to:

1. the propensity of any equine, ruminant, canine, feline or fowl to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
2. the unpredictability of any equine, ruminant, canine, feline or fowl's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
3. the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine, ruminant, canine, feline or fowl; and
4. the potential for participants to fall over or from obstacles, from equines, or from moving vehicles that may be found in a nature



setting.

5. the potential to be at greater risk of illness or infection while working in an outdoor setting or with any equine, ruminant, canine, feline, or fowl, particularly for person with auto-immune deficiencies.
6. the potential to be at greater risk of illness or infection while working with animals while pregnant.
7. the potential for wildlife encounters and the unpredictable nature of such animals.

I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my dependent's participation in "Animal and Nature Activities" and fully assume responsibility for all "Risks" of personal injury, death, property damage or loss resulting from my dependent's behaviour while participating in "Animal and Nature Activities."

Pregnant visitors only: All pregnant visitors to Dreamcatcher™ will refrain from: entering the fowl coops or touching eggs; riding or mounting equines; strenuous or over-extending work, activities or demonstrations; being near animals that have recently given birth; being near cat litter boxes or feces. If I, or my dependent, discover that the dependent is pregnant, I, or my dependent, will advise the staff at Dreamcatcher™ promptly as this could change their treatment plan.

Although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Animal and Nature Activities", it is not possible for the "Host" to make the "Animal and Nature Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the dependent participant.

In addition to consideration given to the "Host" for my dependent's participation in "Animal and Nature Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the dependent participant and their heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:

1. to waive all claims that I, or my dependent, have or may have in the future against the "Host";
2. to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss that I, the Dependent Participant, or "Legal Representatives", might suffer as a result of the Dependent Participant's participation in "Animal and Nature Activities" due to any cause; and
3. to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my dependent's participation in "Animal and Nature Activities".

This waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Animal and Nature Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada, and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Animal and Nature Activities" are provided by the "Host".

I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself, my dependent, and the "Host", and it is binding on myself, my dependent, and my "Legal Representative".

Participating in Telepsychology Sessions

I, the legal guardian of the dependent listed below, understand that my dependent may have the option to participate in online and/or telephone sessions with the therapist, when and where appropriate to do so. I hereby authorize Dreamcatcher™ to conduct psychological sessions via online telepsychology with my dependent due to extenuating circumstances. Dreamcatcher™ utilizes the Jane platform or Doxy.me to facilitate secured online therapy sessions, consultations, or case conferences. Though in-person sessions are preferred whenever possible, online and telephone sessions can be utilized upon the legal guardian or dependent client's request, when in person sessions are not an option. These platforms are private and secure services that offer online telepsychology between therapists and clients, and are recommended by both the College of Alberta Psychologists and the Psychologists Association of Alberta. All data is encrypted, sessions are confidential, and none of the information from sessions is stored or recorded. Doxy.me and the Jane platform adhere to HIPAA, PIPEDA, and GDPR data privacy requirements.

In order to provide my dependent with the best possible service, the therapist and I will need to routinely review the appropriateness of continuing my dependent's therapy online or over the phone, taking my dependent's best interest into consideration. The therapist or I reserve the right to discontinue my dependent's therapy online or over the phone and transfer my dependent to in-person or other means of service should they or I conclude that my dependent would receive greater benefit from in-person services or other means of service. Also, the therapist will, in consultation with me, make a referral for my dependent to another source of mental health care if the therapist is unable to provide adequate or needed services to my dependent.

Technology Limitations

I understand that although Dreamcatcher™ makes every effort to maintain security measures that are in place to reduce the risk of a confidentiality breach on the therapists' side, I recognize, understand, and accept the risk that no communication or session that is internet-based or telephone based can be guaranteed as 100% secure or confidential. Risks such as the possibility of hackers or others discovering my dependent's internet participation may still occur.

I also understand and accept that technical difficulties or complications may occur at any stage and part of my dependent's online therapy sessions. Such may include but are not limited to login difficulties, time delays/lags, equipment failure, slow internet speed, and others. In the event that any of my dependent's online therapy session is disrupted, the therapist will attempt to re-establish the online connection. Should the technical difficulties persist, making it not possible or feasible to continue the online session, the therapist will make efforts to continue the session through other means such as over the telephone or they may have Dreamcatcher™ reschedule another online or phone session for my dependent. A reduction in the cost of the session may be possible in the event it needs to be rescheduled due to technical difficulties.



Client Responsibilities for Online Sessions

In order to minimize difficulties or interruptions with my dependent's online therapy sessions, I will ensure they:

- Use high-speed password protected Internet connection or secured, encrypted wi-fi connection. I will ensure to have downloaded Google Chrome web browser when and where needed to facilitate my dependent's online therapy sessions.
- Use a computer or laptop on which appropriate antivirus/firewall and security software (e.g. paid versions of Bitdefender, McAfee, Norton, Kaspersky, etc.) has been installed and activated,
- Ensure that the audio, microphone, and visual tools on the computer or laptop are fully functioning,
- Plan ahead to minimize distractions (e.g. use a private, quiet room that my dependent can be uninterrupted, not answering calls or text while in session, use headphones to increase privacy if necessary),
- Log-on five minutes early to ensure that the online platform is functioning and that any pre-session activities such as downloading the platform, reading instructions or consent, filling out necessary information, etc. has been completed,
- Close other programs on the computer prior to the start of my dependent's session,
- NOT have any additional individual(s) other than my dependent be present in their online therapy sessions without prior approval from the therapist. Should the presence of others be allowed, I will ensure that they read, understand, and agree to the terms and conditions in this *Consent for Treatment*, and
- NOT record (audio, video, or any other form) or share any portion of the online therapy session(s) with any party without prior written approval from Dreamcatcher™.

Attendance and Cancellation

I understand that individual therapy sessions are 50 minutes of meeting time and 10 minutes of report writing, billable at \$235 per hour, or \$275 per hour with Eileen Bona. Session frequency can vary over the treatment period depending on the specific therapy goal, progression of treatment, and availability. Where possible, Dreamcatcher™ recommends weekly sessions to start. I am aware and agree that:

- All cancellations must be made by phone either by speaking to admin or leaving a voicemail, or emailing the admin at the Dreamcatcher™ office **PRIOR** to the scheduled appointment: 780.809.1047 ext 1 or info@dreamcatcherassociation.com.
- Sessions that are cancelled with less than 24 hours' notice will be charged half session fee unless cancellation is due to emergency or severe weather. Sessions cancelled with less than 3 hours notice will be charged full session fee. Scheduled sessions that are missed **without notice** will be charged the full fee. Should more than 2 appointments be cancelled with less than 24 hours' notice, all future less than 24-hour cancellations will be billable regardless of the reason. Dreamcatcher™ reserves the right to limit a client's scheduling ability due to frequent cancellations.
- Administrative days are Monday to Thursday, excluding all holidays. An admin is in office 830am to 430pm on these dates.
- Participants who arrive halfway through their session may result in having that session cancelled and will result in being charged the full session fee.
- Visitors and patrons are asked to not attend session if they are experiencing any symptoms of illness and to please cancel sessions ahead of time or request an online session if this is the case. Dreamcatcher™ reserve the right to decline to conduct sessions if the recipient of the session attends while exhibiting symptoms of illness. In the event that this occurs, the recipient will be requested to continue the session in an online or telephone format. If this cannot be done, the session will be billed as a late cancellation and the recipient sent home.
- Adults who are responsible for transporting the dependent are asked not to leave the property while the dependent is in session unless discussed with the therapist. The adult's presence may be necessary during the child's visit.
- Assessment Appointments can take up to 6 hours. Missed Assessment Appointments will result in a 50% of the total session charge, with the minimum fee being \$235.
- All appointments that have been scheduled are my financial responsibility unless alternative arrangements have been made. In the event that I have arranged alternative funding, but payment is unable to be secured by Dreamcatcher™ within 90 days of treatment, I will pay any balance owing.
- All therapist consultation time is billable whether it is through email reading/correspondence, online, in person or telephone consultation. Consultation time is billable at \$235 per 50 minutes per therapist. Consultation time is not specific to telephone calls, but also covers any type of correspondence the therapists are required to read or respond to, such as lengthy emails or telephone calls. Therapists track their time to ensure billing is accurate and submit to admin once per month to bill the appropriate parties. Clients have the option to schedule a telephone call or send emails to therapists, with the understanding that both are billable time.
- Therapists may go over session time in the event that it is not ethical to stop treatment with the client. These overages will result in billing for the full amount of therapist and report writing time utilized.
- Any Additional Requests are billed at full fee and my responsibility. These include, but are not limited to Report Writing, Assessments, Consultations, Phone Counselling, Case Conferences, Therapist Mileage and Travel Time. Please note: Court Attendance and Preparation, as well as Group Counseling are provided at specialty rates. Please contact us for further information.
- Payment is due at the start of the session. Invoices that are outstanding are subject to a 5% monthly interest fee until payment is received in full. If after 3 months' time, an invoice remains outstanding, it will be sent to collections.

Guardianship and Decision-Making

Dreamcatcher™ requires one legal guardian to sign below if the biological parents are together and will rely upon a signed *Consent for Treatment* of the dependent from either parent. In the event that the biological parents have separated, there are multiple guardians, the child is adopted, or there is a single parent, additional paperwork may be required such as a guardianship order, adoption order, birth certificate, or death certificate. If the biological parents have separated but both sign this *Consent for Treatment* form, additional documentation may not be required. If the child has a Temporary or Permanent Guardianship Order in effect and the legal guardian is the Province of Alberta or a Delegated First Nation Agency, Dreamcatcher™ will rely upon a signed *Consent for Treatment* of the dependent from the caseworker/legal guardian or their supervisor.



dreamcatcher™
nature assisted therapy

1320394 Alberta Ltd. a.k.a. Dreamcatcher™
53044 RR #213 Ardrossan, Alberta, T8G 2C4
Ph: (780)-809-1047 Fax: (780)-809-1046
info@dreamcatcherassociation.com
www.dreamcatcherassociation.com

As joint/shared custody or guardianship parents each have access to their dependent's file information, Dreamcatcher™ requires explicit written direction regarding any other requirements or restrictions related to information sharing such as but no limited to appointment confirmations, phone or address information, extended health benefit information, etc. Dreamcatcher™ cannot be responsible for determining these restrictions and will assume there are none unless specified in writing, determined before booking occurs or included in a court order that has been provided to our office.

Please contact our Intake Team should you have questions regarding guardianship.

Revoking Consent

Both the legal guardian and the dependent may end the counselling relationship at any time, without penalty or prejudice (with the exception of late cancellations/no shows as identified above). While free to discontinue services at any time, it is preferable to have a closing session to ensure the dependent understands that counselling is ending and to provide an appropriate closure to the experience.

Acknowledgement and Consent

Consent acknowledgement by the legal guardian who is proceeding with accessing Dreamcatcher™ services for their dependent.

By choosing to proceed with the therapeutic services, and with your signature below, you acknowledge that you have read, understand, and agree to all terms and conditions specified in this *Consent for Treatment*, are a legal guardian of the dependent in question and are able to sign on their behalf, and that any questions you had about this *Consent for Treatment* form were answered to your satisfaction.

Reminder: Please ensure the adult that is accompanying the dependent does not leave the Dreamcatcher™ site for the duration of the visit unless discussed the therapist. The adult's presence may be necessary during the dependent's visit.

Dependent's Name (Print): _____ **Date of Birth:** _____

Legal Guardian's Name (Print): _____ Date of Birth: _____

Legal Guardian's Signature: _____ Date: _____

Additional Legal Guardian's Name (Print): _____ Date of Birth: _____

Additional Legal Guardian's Signature: _____ Date: _____

Grievance Procedure

If at any time and for any reason clients are dissatisfied with Dreamcatcher™ services, please contact Eileen Bona M.Ed. Director of Dreamcatcher™ at 780-809-1047 Ext 2. If concerns are not able to be resolved, clients may report complaints to the College of Alberta Psychologists at 780-424-5070. (All grievances will be dealt with respectfully and with confidentiality).