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

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.

ADULT 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 my feedback and communication about the therapeutic process and impact is crucial in reducing my risk for harm, and that I am encouraged to communicate any concerns or discomforts with my therapist as soon as possible in my treatment. I also acknowledge that therapy is most effective when I am comfortable with my therapist and so, should I not feel comfortable or connected to the therapist assigned to me, I will either request a transfer to another individual or make my concerns known in order to best facilitate care for myself.

Client's Rights and Responsibilities in Therapy

I understand that I have the right to get respectful therapy that will be helpful to me from a safe, therapeutic setting that is free from sexual, physical, or emotional abuse, and that before entering therapy I 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 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 have a right to consult with my therapists on the appropriate type of evidence-based treatment I may receive and discuss my treatment with others (including getting a second opinion). I also have a right, should I see fit, to request for a change in therapist or approach, or be referred to another professional to ensure that I receive the best care possible, or to know if my therapist will discuss my case with others (for instance – supervisors, consultants, or students).

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

I understand and accept that I am responsible for the decision on how to handle issues identified in my interactions with my therapist as well as for implementing or integrating strategies, choices, actions, and results arising out of, or resulting from, my interactions with my therapist. I further understand that my non-engagement in therapy or in therapeutic exercises, as introduced or recommended by my therapist, may delay, or inhibit the achievement of my therapeutic goals. I am aware that I have the right to refuse to answer any question or give any information I choose not to answer or give, and that 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 I may stop treatment at any time and that this consent will remain in effect until such a time as I withdraw it via written consent or discontinue services with my therapist by not accessing services for 6 months or more. I also acknowledge that if my 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 file information can be shared with their supervisor for the purpose of due diligence and consultation, but that my 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 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 adult client, hereby consent to participation in psychological services at Dreamcatcher™ with the following understandings:

Records & Confidentiality

I understand that all information shared with my 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 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 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:

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- 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 I 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 myself. 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 myself video or audio recorded.

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

I acknowledge that my 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 and service attendance record for billing purposes where applicable. Examples include but are not limited to:

- if a specific entity has formally referred me to Dreamcatcher™ for services and is responsible for paying for the services that I 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.

Technology and AI Use

Practice Management and Transcription Software

Dreamcatcher™ uses secure, encrypted software platforms to provide and document services, including:

- Practice management (scheduling, billing, client records, secure communication, and telepsychology sessions)
- AI transcription of therapy sessions to create clinical notes

All platforms comply with Canadian privacy laws including the Personal Information Protection Act (PIPA) and, where applicable, the Freedom of Information and Protection of Privacy Act (FOIP). All data is subject to the same confidentiality protections outlined in this Consent for Treatment.

Session Transcription

Sessions may be recorded and transcribed using AI software for clinical documentation purposes only. Audio recordings are deleted after transcription is complete. Transcriptions become part of your confidential clinical record.

Your Rights

You may opt out of AI transcription by notifying Dreamcatcher™ in writing. The therapist will use traditional note-taking instead. Practice management software will continue to be used for scheduling and operations as it is essential to our services.
Your information is never used to train AI models or shared for commercial purposes.

Checkbox Required

☐ I consent to AI transcription for my sessions

☐ I do NOT consent to AI transcription (therapist will use traditional notes)

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 leases (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.

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I, the adult client, 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 participation in "Animal and Nature Activities" and fully assume responsibility for all "Risks" of personal injury, death, property damage or loss resulting from my behaviour while participating in "Animal and Nature Activities."
Pregnant visitors: If I discover that I am pregnant, I will advise the staff at Dreamcatcher™ promptly as this could change my treatment plan. 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.
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.
In addition to consideration given to the "Host" for my participation in "Animal and Nature Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:

1. to waive all claims that I 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 Participant, or "Legal Representatives", might suffer as a result of my 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 demand, 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 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 and the "Host", and it is binding on myself and my "Legal Representative". I have reached the age of majority in the province in which I am participating in "Animal and Nature Activities".

Participating in Telepsychology Sessions
I understand that I may have the option to participate in online and/or telephone sessions with my therapist, when and where appropriate to do so. I hereby authorize Dreamcatcher™ to conduct psychological sessions with me via online telepsychology due to extenuating circumstances. Dreamcatcher™ utilizes secure, encrypted platforms to facilitate online therapy sessions, consultations, or case conferences. Though in-person sessions are preferred whenever possible, online and telephone sessions can be utilized upon my request, when in-person sessions are not an option. All data is encrypted, sessions are confidential, and none of the information from sessions is stored or recorded. Sessions may be recorded and transcribed using AI software for clinical documentation. All platforms comply with Canadian privacy requirements under PIPA and, where applicable, FOIP.
In order to provide me with the best possible service, my therapist and I will need to routinely review the appropriateness of continuing my therapy online or over the phone, taking my best interest into consideration. The therapist or I reserve the right to discontinue online or telephone therapy and transition to in-person or other means of service, should either of us conclude that I would receive greater benefit from doing so. Additionally, the therapist will, in consultation with me, make a referral to another source of mental health care if the therapist is unable to provide adequate or needed services to me.

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

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my internet participation may still occur.

I also understand and accept that technical difficulties or complications may occur at any stage and part of my 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 online therapy session is disrupted, my therapist will attempt to re-establish our online connection. Should the technical difficulties persist, making it not possible or feasible to continue our online session, my therapist will make efforts to continue our session through other means such as over the telephone or they may have Dreamcatcher™ reschedule another online or phone session for me. 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 online therapy sessions, I will:

- Use high-speed password protected Internet connection or secured, encrypted wi-fi connection. I will download and use Google Chrome web browser when and where needed to facilitate my 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 my computer or laptop are fully functioning,
- Plan ahead to minimize distractions (e.g. use a private, quiet room that I 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 I am able to complete any pre-session activities such as downloading the platform, read instructions or consent, fill out necessary information, etc.,
- Close other programs on my computer prior to the start of my session,
- NOT have any additional individual(s) other than myself be present in my online therapy sessions without prior approval from my therapist. Should their presence 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 my 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.
- 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 are 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

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Attendance and Preparation, as well as Group Counselling, 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.

Medical Assistance in Dying (MAiD)

Clients may raise questions about Medical Assistance in Dying (MAiD) during the therapeutic process. While we respect client autonomy, the assessment and provision of MAiD falls outside the scope of psychological practice and requires specialized medical expertise.
If the topic of MAiD is raised, your therapist will provide a referral to an appropriate medical professional. Formal eligibility assessments are conducted exclusively by qualified medical practitioners through Alberta Health Services.

Acknowledgement and Consent

Consent acknowledgement by the adult client who is proceeding with accessing Dreamcatcher™ services:

By choosing to proceed with the therapeutic services, I acknowledge that I have read, understand, and agree to all terms and conditions specified in this *Consent for Treatment.*

Reminder: Did you check off the required box in the Technology and AI Use section?

Client's Name (Print): _____ Date of Birth: _____

Address: _____

Email: _____ Telephone: _____

Client'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).