



NOVA Counselling Services

Nadia Katasonova, MSW, RSW (13184)

nadia@novacounsellingservices.com

403-383-8390

INFORMED CONSENT AGREEMENT

The following document contains information about the professional services I provide, my business policies, and your rights as a client. Please review it carefully.

ABOUT YOUR THERAPIST & THERAPY APPROACH

My name is Nadia Katasonova, and I am a Registered Social Worker in the province of Alberta (Registration #13184) with the Alberta College of Social Workers (www.acsw.ab.ca). I completed a Bachelor of Arts (B.A.) in Linguistics at the Concordia University, Montreal, Quebec in 2008 and a Master of Clinical Social Work at the University of Calgary, Calgary, Alberta in 2015. Additionally, I hold a Bachelor Degree in Social Science from the Saint-Petersburg State University, Russia in 2001.

My professional experience has been shaped and enriched by working in a variety of mental health settings over the course of my career, including non-profit community mental health programs, Alberta Health Services, and my own private practice. I am a certified Master ART Practitioner in Accelerated Resolution Therapy and I have been focusing on gaining the full certification as a Couple and Family Emotionally Focused therapist. If you seek more information, please visit my website at novacounsellingservices.com.

CONFIDENTIALITY & EXCEPTIONS

Confidentiality is the foundation of any client-therapist relationship, and I am ethically and legally obligated to safeguard your information and the manner in which I collect, use, and share it with others. It is important for you to know that there are some specific situations in which your confidential information may be disclosed to others without your informed, written consent. These include: 1) Where there are reasonable and probable grounds to believe that your immediate safety or the safety of another person is at risk, 2) Where there are reasonable and probable grounds to believe that a child, vulnerable adult, or animal is in need of protection, or 3) When information is subpoenaed by a court of law for the purposes of legal proceedings. In the case that your information has been or must be shared without your consent, you will be notified of this disclosure at the earliest possible opportunity. Disclosure will be limited only to what is necessary to be shared, and only to those who reasonably need to know. Additionally, there are some circumstances under which I may seek professional supervision or consultation in order to provide the most effective and appropriate service. Some of your personal information may be shared in this case. Your client records will be maintained for a minimum of ten years, as per standards outlined by the Alberta College of Social Workers. They will be stored on a secure server or behind two locks as is required.

POTENTIAL RISKS AND BENEFITS

There are benefits and risks to engaging in any form of counselling or psychotherapy.

The potential risks are considered to be relatively few, but may include the following: You may experience uncomfortable feelings, such as sadness, guilt, fear, anxiety, frustration, anger, or loneliness, because the process of therapy often explores some of the more difficult aspects of your life. You may find yourself recalling unpleasant memories either during or in between sessions, which is a normal part of the therapy process. Your relationships with the people closest to you may begin to change, as you begin to learn more about yourself and find new ways of coping and problem solving. You may find therapy is simply not a good fit for you.

Despite these risks, therapy has generally been shown to benefit those who choose to engage in it. While some uncomfortable feelings may emerge in the short term, therapy often leads to a significant long-term reduction in feelings of



NOVA Counselling Services

Nadia Katasonova, MSW, RSW (13184)

nadia@novacounsellingservices.com

403-383-8390

INFORMED CONSENT AGREEMENT

distress, increased satisfaction in relationships, greater personal awareness and insight, and development of more effective coping skills. Therapy will require hard work and active effort on your part, both within and outside of sessions, to be maximally beneficial.

Please feel free to bring up questions or concerns you may have at any time during the therapy process so that we can discuss them. In the case that we decide it would be best not to continue working together, I will be glad to explore other options with you, such as a referral to another mental health professional who might be more suitable to address your individual needs.

PROFESSIONAL FEES & APPOINTMENT BOOKING

Fees vary according to session type and duration. Individual sessions are 50 minutes in length, while couple, family, and trauma-focused sessions are 75 minutes. Coverage may be available through extended health insurance plans or third-party benefit providers. Clients are responsible for confirming eligibility and coverage details with their insurance provider, employer, or third-party administrator, as coverage may be partial or full. Receipts are issued upon payment for reimbursement purposes. Appointments may be scheduled or rescheduled via the online booking system at novacounsellingservices.com. If no suitable appointment times are available or for additional inquiries, please contact the clinician directly at **403-383-8390**.

NON-THERAPEUTIC CONTACT

Please note that, given my limited availability in private practice, I cannot provide crisis counselling outside of my regular business hours; nor can I guarantee I will be available at all times to respond to urgent messages. If you are currently in crisis, please contact your nearest emergency department, urgent care centre, 911, or crisis support numbers.

CRISIS SUPPORT LINES

Emergency Police, Fire, Ambulance	911	Calgary Police Service (non emerge)	403-266-1234
Youth Drug Line	403-269-3784	Emergency Social Service (SSRT)	403-297-2995
Distress Center (24hr)	403-266-1605	Parent's Help Line	1-888-603-9100
YWCA Crisis Line	403-266-0707	Teen Line	403-264-TEEN
Community Resource Team (CRT)	403-299-9699	Health Link	611
Mobile Response Team (MRT)	403-266-1605	Kid's Help Phone Line	1-800-668-6868
Men's Crisis/Anger Management	403-299-9680	Children's Cottage / Crisis Nursery	403-233-2273
Poison Information	403-944-1414	Men's Line (Phone info & support)	403-266-4357
Suicide Services (CMHA, 9 -5 pm)	403-297-1744		

YOUR RIGHTS AS A CLIENT

You are free to withdraw your consent and terminate therapy at any time, without obligation to your therapist.

You have the right to considerate, safe, and respectful care.

You have the right to ask questions about any aspect of your treatment or about your therapist's specific training and experience.



NOVA Counselling Services

Nadia Katasonova, MSW, RSW (13184)

nadia@novacounsellingservices.com

403-383-8390

INFORMED CONSENT AGREEMENT

You have the right to expect that your therapist will maintain a professional relationship with you at all times, and that your therapist will avoid all other forms of interaction that could compromise this professional relationship, including friendship, romantic or sexual relationships, business or financial relationships, and collegial or student relationships.

FORMAL COMPLAINTS

You have the right to recourse if you feel that your therapist has not properly fulfilled the professional and ethical obligations to you. The Alberta College of Social Workers encourages you to discuss your concerns directly with your therapist. Often, misunderstandings can be corrected and better ways of working together can be found. If you are unable to resolve your concerns with your therapist, you can contact the Alberta College of Social Workers directly. Staff can review your concerns with you and determine if some way can be found to resolve them. You may also file a formal complaint.

ALBERTA COLLEGE OF SOCIAL WORKERS

100, 13220 St. Albert Trail NW

Edmonton, Alberta, T5L 4W1

Phone: 780-421-1167 / Toll-Free: 1-800-661-3089

Website: www.acsw.ab.ca

Client Name: _____

Date of Birth: _____ (yyyy-mm-dd)

Phone: _____

Address: _____

I authorize that I am giving informed consent for psychotherapeutic treatment at NOVA Counselling Services. I am aware of the risks and benefits of consenting, or refusing to consent. I understand that I may revoke this consent at any time.

Name of person giving consent:

Signature:

Date:

(yyyy-mm-dd)



NOVA Counselling Services

Nadia Katasonova, MSW, RSW (13184)

nadia@novacounsellingservices.com

403-383-8390

INFORMED CONSENT AGREEMENT

ACCELERATED RESOLUTION THERAPY (ART)

Client Name: _____

Date of Birth: _____ (yyyy-mm-dd)

Phone: _____

Address: _____

Accelerated Resolution Therapy (ART) methodology is a form of adaptive information processing which may help the brain unlock maladaptive material. It also appears that art may avoid some of the long and difficult abreacted work often involved in the treatment of anxiety, panic attack, post-traumatic stress symptoms (such as intrusive thoughts, nightmares, and flashbacks), dissociative disorders, depression, phobias, identity crisis and other traumatic experiences.

I have also been specifically advised of the following:

- 1) Distressing unresolved memories may surface through the use of the ART procedure.
- 2) Some clients experience reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including, but not limited to, high levels of emotional or physical sensations. Distressing memories may seem to disappear, while more pleasant memories may take their place during ART. Therefore, you should check with an attorney if you need to recall events for a legal procedure. These negative memories have been more normally processed and are stored in a location that no longer bothers the clients. Subsequent to the treatment session, the processing of the incidents and/or material may continue and dreams, memories, flashbacks, feelings, etc., may surface.
- 3) Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating in ART treatment. ART treatment may put you at risk due to the possibility of heightened emotional reaction from ART treatment. For some people, this method may result in sharper memory, for others, it may result in fuzzier memory following the treatment. If you are involved in a legal case and need to testify, please discuss this with your therapist.

Before commencing ART treatment, I considered all of the above and obtained whatever additional input and/or professional advice I deemed necessary or appropriate.

I understand that I may stop treatment at any time before or during any ART session and that more than one ART session is usually necessary in the treatment.

My signature below, I hereby consent to receive ART treatment at NOVA Counselling Services. My signature on the acknowledgement and consent is free from pressure or influence from any person or entity. I have thoroughly read material explaining ART and understand it.

Name of person giving consent:

Signature:

Date:

(yyyy-mm-dd)