

Norman Giesbrecht, Ph.D., R. Psych.
203 – 1982 Kensington Road NW, Calgary AB
insightpsychological.com
Phone: (403) 477-7503



Confidential Child Information Form

Child's Name: _____ Age: ____ Birthdate: _____

Address: _____
Street City Postal Code

Parent / guardian : _____

Parent / guardian : _____

Parent email: _____

Cell Phone: _____ Home phone: _____

Names and ages of siblings: _____

Custody / access arrangement: (if applicable) _____

Family doctor: _____ Medications: _____

School: _____ Grade: ____ Teacher: _____

Was the child in therapy before? ____ If yes, when? _____ Problem? _____

Whom did he/she see? _____ Did it help? yes some no

Please briefly describe your reasons for seeking our psychological services

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Parental Consent Form

We provide clinical assessment, coaching and skills training, consultation, and therapy; primarily for individuals with “quirky” characteristics, which usually meet some or all of the criteria related to an Asperger’s or Autism (ASD) diagnosis. We also provide support to family members and/or partner/spouse of “quirky” individuals.

Since these characteristics typically include a logical, sequential and detailed factual processing of information, our sessions are typically scheduled for two hours rather than the standard hour.

All information that you share or that is collected during our professional relationship is private and confidential. No information will be shared without your written consent, except for professional consultation, legal requirement, or your best interest. For example, I may be required to disclose information if it pertains to suspected child abuse; inability to care for one’s basic needs for food, clothing, or shelter; and threatened harm to yourself or others.

You have the right to be informed about the potential benefits and risks, process, and outcome of the clinical assessment, therapy, and / or skill development activity in which you participate. Please feel free to ask questions about any aspect of the assessment and / or therapeutic process at any time during our professional relationship

Psychologists do not prescribe medication, and some conditions are more effectively addressed by a psychiatrist or family physician. If you are currently, or have previously, received psychiatric services (e.g., involuntary hospitalization), then you should consider our services to be a one aspect of a comprehensive treatment plan rather than as a sole support or as a replacement for psychiatric and/or medical services.

On rare occasions, typically when there are co-occurring problems that may require psychiatric services and/or medication, a problem or disagreement may arise in our therapeutic relationship. You agree that any problem or disagreement that needs to be addressed will be resolved in collaborative discussion with the psychologist; and failing this, through mediation. The cost of mediation will be shared equally by both parties. In any dispute, the maximum liability is limited to the amount paid for the specific session or specific services related to the concern. You agree to waive the right to use litigation, or file a complaint to the College of Alberta Psychologists. All parties agree to maintain confidentiality, and neither will communicate or post negative information online about the other.

For families involved in a separation, divorce, custody dispute, or other legal or Social Services matter, you are advised that our work is on a “without prejudice” basis. Our approach is focused on collaboration and not litigation. You agree that you will not request, directly or through counsel, that we testify on your behalf in such matters.

I have read and understood and agree to these terms.

I hereby grant permission for my child _____ born _____
Child’s Name
to participate in a clinical assessment and/or therapy with Norman Giesbrecht, Ph.D., R.Psych.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Payment Policy

1. We follow the Psychological Association of Alberta’s recommended fee schedule.

The cost for assessment, coaching, or therapy is \$190 per hour plus GST.

The cost for legal-related matters is \$300 per hour plus GST. This includes any assessment report, letters, consultation, or other work that is related to a civil, family or criminal court matter, and/or any conflict with an employer, union, insurance provider, etc.

2. Full payment by etransfer, cheque or money order is expected at each visit.

We will provide you with a receipt that you can submit to your extended health plan (e.g., Blue Cross) or an Employee Assistance Plan (EAP) for reimbursement. However, you will need to check with your health plan provider for details about your coverage.

3. An additional transportation cost (\$50 in Calgary city limits) is added for home visits.

4. We reserve your appointment time exclusively for you, and “no shows” or late cancellations (less than 48 hours) will be charged for 1 hour time (\$190 plus \$9.50 GST).

5. For clinical assessments, we expect clients to make a down payment for the final report writing and development of the strategies appendix. Although we usually spend 15-20 hours on report-writing and strategies document, we typically charge only 6 hours these activities. The down payment for the report and strategies appendix is 6 hours (plus GST).

Full payment of an account is required before we release the final report.

6. Cheques that do not clear, and credit card or other payments that are rejected, are subject to a \$35 administration fee. Overdue accounts will be charged 2% interest each month.

Accounts are delinquent after 60 days, and may be turned over to a collection agency or legal venue. A \$250 service charge will be added to accounts that are 60 days overdue. Accounts that require collection through a legal venue will be charged for all time associated with the preparation, filing, and presentation of the matter in a legal venue.

I have read and understood and agree to these terms regarding payment and services.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____