

PSYCHOLOGICAL SERVICES CONSENT FORM

My private practice provides psychological assessment services to children/adolescents/young adults and consultation services to their parents or legal guardians. I am a registered psychologist and member in good standing with the College of Psychologists of Ontario. In support of the profession, I also maintain memberships in provincial, and local psychological associations. To ensure my continued competence as a psychologist, I attend conferences and workshops and keep abreast of current developments in my profession.

As the parent or legal guardian of a client receiving my psychological services, it is important that you are aware of the following information to provide informed consent for this service.

PRIVACY POLICY

I act as my own information officer under the federal Personal Information Protection and Electronic Documents Act (PIPEDA). For information relating to the privacy of personal information obtained for me to provide service, please refer to the attached Privacy Policy document that is also posted in my office waiting room.

CONFIDENTIALITY

The contents of a counselling, intake or psychological assessment session are confidential. Both verbal and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. I require a signed information release form from the client or his/her legal guardian before any information about a client is released. You have the right to withhold or withdraw consent at any point during the service delivery process.

Noted Exceptions to Confidentiality

• I am required to inform a potential victim of violence of a client's intention to harm.

- I am required to inform an appropriate family member, health care professional or police of a client's intention to end his or her life.
- I am required to inform Child and Family Services if there is suspicion of a child being at risk or in need of protection due to neglect, or physical, sexual or emotional abuse.
- I am required to release records of a client with a court order.
- As a registered psychologist, the College of Psychologists of Ontario may review my individual client files to ensure I am following professional standards.
- I am required to report a regulated health professional who has sexually abused a client to the professional's regulatory body.

ASSESSMENT/COUNSELING PROCEDURES

Prior to any service delivery, I will provide you with a verbal description of the assessment procedure including its benefits, risks and alternative options. Following an assessment, I will provide you with verbal feedback about the assessment results and recommendations, as well as a diagnosis if indicated.

SERVICE FEES

- The fee for all psychological assessment services is 260.00 per hour and includes direct testing sessions, assessment analysis & synthesis, report writing, counselling and consultation. A typical psychoeducational assessment costs 4160.00 and includes direct testing (6 hours), scoring/analysis/report writing (9 hours) and a feedback session (1 hour). Occasionally, I may require more time to complete the assessment and/or prepare the report. Since parents are directly involved in the assessment service, I can split invoicing 3-ways for those who have extended family health care insurance covering psychological services.
- Hourly assessment services and consultation services are payable by electronic transfer to kehoepsychology @gmail.com upon receipt of an invoice for psychological services. Cash payment or payment by cheque is also accepted. I provide a written assessment report following receipt of full payment for psychological assessment services.
- I will provide you with a receipt when payment is received. Please retain this receipt for your insurance or income tax claims, if applicable.

INSURANCE COVERAGE

Psychological services are covered by most extended insurance plans (e.g., Sun Life etc.) but these services are not covered by OHIP (Ontario Health Insurance Plan). Various extended health plans differ, so please check yours regarding coverage and claim procedures (e.g.,

whether or not a letter or referral from your physician is required, details required on receipts etc.). Since I am a registered psychologist and member in good standing with the College of Psychologists of Ontario, the fees for psychological services are HST exempt and constitute a tax-deductible medical expense. Therefore, on your annual income tax form, you can claim the portion of your fees that were not covered by your extended health insurance plan.

CLIENT/LEGAL GUARDIAN CONSENT

By signing this document you indicate that you have read and understand the information noted above regarding my privacy policy, limits of confidentiality, insurance coverage and fees and agree to the conditions detailed within.

| Child/Adolescent's Name | | |
|-----------------------------------|----------------|--|
| | (please print) | |
| | | |
| Child/Adolescent's Date of Birth: | | |
| | | |
| Parent/Legal Guardian Name: | | |
| | (please print) | |
| | | |
| Parent/Legal Guardian Signature: | | |
| | | |
| Todav's Date: | | |