

Consent to psychological services

EMERGENCY SERVICES

Please note that although your appointed psychologist will make every effort to facilitate access to care, psychological services offered in the context of a private practice **cannot always ensure quick access to services in emergency situations**. You may request being placed on a **cancellation list** should you feel you require a session prior to your next scheduled appointment.

In the **case of an emergency**, please explore the following options:

- Horizon/Vitalité Mobile Crisis Unit (Beauséjour area) : 1-866-771-7760
- Call or Text 988 : Suicide/Crisis Helpline
- Call the 24h/day CHIMO helpline : www.chimohelpline.ca / 1-800-667-5005
- Consult an after hour/walk in clinic
- Call your family physician
- Consult your nearest emergency room or Call 911

CONFIDENTIALITY AND CHART ACCESS

Information discussed during sessions may be **documented on paper or stored electronically** (*please see web-based practice management section for more information*). All information is **securely stored** to maintain confidentiality. No personal information or report will be provided to anyone else without your written consent.

LIMITS TO CONFIDENTIALITY: Sessions will remain confidential, except under certain circumstances in which the psychologist is **required by law to divulge information**. These circumstances are:

- a. When you are considered at risk of hurting yourself (i.e. suicidal risk) **OR** hurting someone else (an identified person);
- b. In circumstances where abuse or neglect of a child (18 years old included), an elderly person or a vulnerable adult is suspected;
- c. If you report inappropriate sexual behaviors from an identifiable health professional;
- d. If the Department of Social Development requests information (while conducting an investigation) with regards to child protection services;
- e. As required by the hearing committee of the College of Psychologists of NB (CPNB), should you make a complaint against your appointed psychologist (for professional misconduct);
- f. When mandated by court (subpoena).

The profession of psychologist in NB is regulated by the **CPNB** and in compliance with the *Personal Health Information Privacy and Access Act (NB)* **PHIPAA**.

You have **access** to your file and may request a copy (except for copyright or raw data materials). Administrative fees may apply. Your chart will be kept for a **minimum of 15 years**, after which it will be securely destroyed.

In the event of the appointed psychologist's disability or death, your chart will be managed by another psychologist who has been appointed as their professional executor.

CONFIDENTIALITY AND CHART ACCESS (Continued)

Certain information relating your psychological services may be **requested by your insurance or other third-party payers** to initiate or pursue services. You will always be informed and asked to sign an authorization to release this information. Should you decide to *revoke* your consent to the release of your confidential information, a form will be provided (to sign) to document your decision. Under these last circumstances, the impact on your access to care will be discussed with you.

WEB-BASED PRACTICE MANAGEMENT SYSTEM

This private practice is managed by *Owl Practice* (www.owlpractice.ca) which is a web-based management system. *Owl Practice* stores and manages client information (i.e. appointments, billing documents, session notes, contact details and other client-related documents). The system uses exclusively owned and operated servers which stores data securely (with encryption, secured accesses and routine backups) to ensure the privacy and protection of sensitive information in compliance with the PHIPAA (NB).

CONFLICT OF INTEREST/DUAL RELATIONSHIPS

Psychologists are governed by rules (i.e. ethical guidelines, code of conduct, laws) established to protect the public. These rules determine that a psychologist has the responsibility to maintain an objective clinical judgment. Both the experience of a **conflict of interest** and/or a **dual relationship** are recognized as potential barriers to clinical objectivity. For your welfare, it may be recommended that you end psychotherapy with your appointed psychologist and proceed with someone else. Such information may be identified by the client or the psychologist at any point during the therapeutic relationship.

APPOINTMENTS / CANCELLATIONS / ABSENCES

Appointments are usually one hour long which includes billing and scheduling. Sessions may be shortened or cancelled if you do not show up on time.

Your appointment is considered important to us and is reserved for your exclusive use. When it is cancelled with short notice, or missed altogether, it is often too late or impossible for the psychologist to offer this time to someone else and the appointment time goes unfilled.

Please note the following **cancellation / missed appointment policies**:

- There is no charge for rescheduling or cancelling an appointment if we are notified **prior to 24 hours**. Please contact our office directly to cancel an appointment. Please leave a **voicemail** message should you be unable to reach us directly. It is YOUR RESPONSIBILITY to call to reschedule a missed appointment.
- **Fees of 25\$** will be invoiced, should you **fail to show up** to the scheduled appointment (no show), or if the appointment is cancelled with **less than the 24 hours notice**.
 - PLEASE NOTE: The **invoice for missed appointments or late cancellations** will be labeled as such. It cannot be labelled as a psychotherapy session as this constitutes insurance fraud. Please note that most insurance companies do not cover missed appointments, and if they do, it is usually considered as one session in your benefits.
- Calls or voicemails are answered Monday-Friday at the availability or earliest convenience of the psychologist. Please note that calls are not typically answered/returned during evenings, weekends or holidays.

ELECTRONIC COMMUNICATIONS

Email and text messaging are **NOT CONSIDERED CONFIDENTIAL** as they are at risk of being intercepted. Therefore, we cannot guarantee the confidentiality of messages sent or received by e-mail or text messaging. Your psychologist cannot be held liable if a message is disclosed to a third party through these means of communication.

Therefore:

- Emails and text messages should **ONLY** be considered to manage/schedule appointments and these will primarily be used within the secure Owl Practice Management System.
- As with the telephone, your psychologist cannot ensure rapidity of response through email or text messaging. These means of communication **SHOULD NOT BE USED FOR EMERGENCY** situations requiring an immediate response.
- Emails and text messages cannot contain information pertaining to your physical or mental health.
- The transmission of e-mail and text messages can be delayed due to technical difficulties beyond the psychologist's control. For these reasons, the psychologist cannot be held responsible for not replying to an e-mail or text message.
- If you are in a crisis or require **emergency mental health assistance**, please explore options presented earlier in this form.
- You are responsible to inform your psychologist of **any changes** to your contact information.
- You are responsible to notify your psychologist should your email account be **compromised**, or your cell phone **lost**.
- You or your psychologist can decide to put an **end to email or text messaging** at any time.
- Please note that you cannot communicate with your psychologist through **social media platforms**, as these types of casual social contacts can compromise the professional relationship.

ELECTRONIC COMMUNICATIONS (Continued)

By providing the information below, you are **authorizing your psychologist** to communicate with you (by email or text or via Owl Practice) for appointment scheduling purposes.

- e-mail (enter email here) _____, and/or
- text messaging (enter cell phone number here) _____.

THIS SECTION WILL BE COMPLETED **WITH** YOUR PSYCHOLOGIST

Consent Form Acknowledgment

Full name: _____ File #: _____

I have **read and understood the consent document (pages 1, 2 and 3)** which review the following points:

1. Emergency services
2. Confidentiality and document access
3. Web-based practice management system
4. Conflict of interest / Dual relationships
5. Appointments/Cancellations/Absences
6. Electronic communications

I have had the opportunity to **ask questions to the psychologist** and I understand the purpose of the psychological consult.

I understand the nature (risks and benefits) of the psychological assessment. I understand the proposed treatment plan **will be further explained** during the initial session(s) and may be **updated as required**.

I understand I may **end psychological services** at any time. I understand the **success of the therapy** will depend greatly on my **personal investment**.

I understand that I may address any questions and/or concerns with regards to the **professional conduct** of my psychologist to the College of psychologist of New-Brunswick (CPNB).

I, undersigned _____ (name), consent to a psychological
consult (evaluation, and/or psychotherapy) with : _____ L.Psych, Psychologist.

Client signature : _____ Date : _____

Psychologist signature : _____