Dr. Eugene Telka, C.Psych
Dr. Lee C. Smith, C.Psych.
Dr. Charlie Menendez, C.Psych.
Dr. Barbara Mann, C.Psych.
Dr. Judy Johnson, C.Psych.
Dr. Marcus Feak, C.Psych.
Dr. Rosemary Young, C.Psych.
Dr. Susan Chiddix, C.Psych.
Dr. Lucia Bohórquez, C.Psych.
Dr. Shehreen Latif, C.Psych. (Supervised Practice)
Dr. Lara Hiseler, C.Psych. (Supervised Practice)

Telka • Smith

Practice in Psychology

318 Stewart Street
Peterborough, Ontario K9J 3N1
(705) 742 – 3120
(705) 741 – 6023 Fax
Email: telsmith@telkasmith.com
www.telkasmith.com

CLIENT INFORMATION &
CONSENT TO TREATMENT/ASSESSMENT

NAME OF CLIENT: _____ DATE OF BIRTH: _____

CLIENT ADDRESS: _____

_____

BENEFITS

Psychological therapy and assessment can help people to gain new understandings about themselves. Therapy can bring relief from many different problems, teach new ways of coping with and solving those problems, and increase the quality of life in numerous ways. Assessment is very helpful in planning interventions, treatments and supports. Examples of common problems include learning disabilities, anxiety, anger, grief, depression and parenting or relationship concerns.

RISKS

While there are potential benefits to psychological therapy and assessment, there is no guarantee of success and clarification, and there are potential risks and discomforts. Strong emotions and vivid memories may be experienced. The precise emotions and issues that can come up are not always possible to predict and can be unexpected or even unwanted. You may learn things about yourself or about your life which may be upsetting. People can be overwhelmed by some memories or insights, and although it is rare, some people can act desperately and dangerously when feeling overwhelmed. Changes in awareness about different aspects of one's life may also alter one's self-perceptions and ways of relating to others. This can lead to some relationship challenges as others who know you try to understand the changes that they witness.

I acknowledge that I am free to ask about and discuss the process of therapy and personal change, recognizing that this process can be quite varied and is highly individual.
I understand that it is important that I mention promptly to my treating practitioner any concerns or questions that I may have at any time during the process of therapy.

CONFIDENTIALITY AND LIMITS ON CONFIDENTIALITY

All communications with a treating practitioner and all records relating to the provision of psychological services are confidential and may not be disclosed without a clients' (or guardians') written consent. The law does place certain limits on the confidential nature of psychological services. Typically these limits on confidentiality may arise if a practitioner perceives that there is a risk of harm in situations such as the following:

- If a person presents an imminent danger to themselves or others, the law requires that steps be taken to prevent such harm, which can include releasing information about a persons' psychological state.
- If a child is in need of protection from abuse or maltreatment, a report must be filed with the appropriate agency or authorities, which will also be documented in the clinical file. *I can ask my therapist about the different reporting obligations that exist for the protection of children.*
- If a vulnerable adult is abused or neglected, a report may be filed with the appropriate government agency, which will also be noted in the clinical file.

Also,

- Court orders require the disclosure of records.

- We are required to report a reasonable belief of a health-care professional (e.g., a physician, chiropractor, psychologist, nurse, etc.) sexually abusing a patient.
- Note that a child (age 12 or older) has the right to withhold information from parents. Children younger than 12 may also gain the right to withhold information from parents if they are deemed to be competent to do so.

PRIVACY OF PERSONAL INFORMATION

Privacy of your personal information is an essential and important undertaking in our office. Our staff is all trained in the appropriate uses and protection of your information. The storage, retention and destruction of your personal information comply with existing legislation and privacy protection protocols and with the standards of our regulatory body. Please do not hesitate to ask about or discuss our record keeping policies.

COVERAGE

Many clients have insurance coverage through employment benefits such as Employee Assistance Programs or Extended Health Coverage that helps to pay psychologists' and social workers' fees. Clients who require psychological services because of a motor vehicle accident are entitled to a detailed psychological assessment of treatment needs that is paid by their insurance company, and approved treatment will also be covered. There is no OHIP coverage.

PAYMENT

Payment is expected at the end of each session. Where you have Extended Health Coverage, you must pay the bill and send the receipt to the insurance company to receive reimbursement. The coverage agreement is between you and your Extended Health Coverage provider, not between the practitioner and the Extended Health Coverage provider. To assist you in this, you may postdate a cheque for three weeks, such that you would likely receive payment before the date of the cheque. Alternately, payment may be made by MasterCard or Visa; your credit card payment would in all likelihood be due after receipt of payment from your Extended Health Coverage provider. Interest of 1.5% per month may be imposed on accounts not paid one month after your statement is issued.

CANCELLATION OF SESSIONS

As standard professional practice, cancellation of an appointment without a minimum of 24 hours notice may require full payment of fees. All efforts will be made to fill a cancelled appointment time in which case no payment of the scheduled appointment hour would be required.

OTHER COSTS

Additional services such as telephone consultations, reports and completion of forms may be billed at the hourly rate in effect for a practitioner based on the time such additional work requires. Your practitioner will discuss these additional costs with you.

CONSENT

I, _____, acknowledge that I have had the opportunity to carefully read this document and to ask and have answered any questions or concerns about it or arising from it. I further acknowledge that I have read and understood the information contained in this document and that it records my consent.

Additionally, in knowledge and appreciation of the benefits and risks as made known to me in this document, I hereby give my consent for myself or my child (name of child: _____) to participate in therapy/assessment. I further acknowledge that my practitioner must obtain my informed consent before changing or altering the nature of the treatment or psychological services provided to me.

- ☐ **I acknowledge receipt of the Privacy Statement.**

_____ _____

Signature of client or parent/guardian of client Date Signed

_____

Practitioner