

Doran Psychological Services

Policies and Consent for Psychological Services

With the necessity to move to online services I must inform you that I cannot at this time guarantee confidentiality. I am using the basic Zoom platform but I am looking into getting a HIPAA regulated version. That just means it would be more secure. Until then, meeting online is done so at your own risk. March 23, 2020

Welcome to my home practice. Before we get started this sheet contains important information about how we will work together. Please read through carefully and make note of any questions or concerns you may have so we can discuss them together.

Congratulations on taking the first step to seeking therapeutic help. I am committed to a caring, professional relationship with you. Therapy can be a powerful way to gain understanding about yourself or loved ones. As you begin this process you may find an increase in symptoms; that is, you may be constantly thinking about circumstances, or when trying to change children's behaviours, you may see an increase in the undesirable behaviour. That is to be expected; however, as you continue you will most likely experience a shift or gain a sense of hope as challenges you once faced begin to seem manageable. It is important to me that you feel comfortable enough to tell me if you are experiencing an increase in symptoms so we can address it immediately.

INFORMED CONSENT

Informed Consent means you are aware of how we will work together. I treat consent as an ongoing process and conversation. You have the right to withdraw consent or end therapy at any time. I highly value transparency in communication. If you are unhappy with the way I am providing therapeutic services please let me know. If we can be open and honest with each other we will likely accomplish good therapeutic progress.

PRIVACY AND CONFIDENTIALITY

It is your right to decide when and how your personal information is shared with others. As a child & family therapist I am often asked to speak with other professionals. If you request this service I will ask you to sign a *Consent to Share Information* form. All personal information such as address and phone number will not be shared with anyone. Process notes, reports etc. are kept in your file which you are free to access at any time. When working with adolescents under the age of 19 I ask parents' permission for confidentiality. If ordered by subpoena to release my records or to appear in court, I am legally bound to do so. As a practice I do not appear in court. If you are seeking my services as a psychologist for a court action please inform me at the beginning of the session.

LIMITS OF CONFIDENTIALITY

If I become concerned that you might harm yourself or someone else, or if I discover that a child is in danger of being harmed emotionally or physically, I am required by law to report it. Ideally, we would be able to discuss the best way to approach this.

SPECIAL CONSIDERATIONS FOR CHILDREN AND ADOLESCENTS

In Nova Scotia, any person under the age of 19 is considered a minor. The competence of minors to provide informed consent to services is not assumed and parental or guardian approval is often needed.

The legal guardian in such cases has a right to know all aspects about those services; however, I have found in my work with teens, confidentiality is necessary to create trust and safety. I will work with the teens to encourage open communication with parents. As children grow more able to understand and choose, they assume legal rights. An individual may be considered a mature minor if it is judged that they can understand and appreciate the nature and consequences of their decision and its alternatives. In such cases, the details of things they discuss may be treated as confidential. However, parents or guardians do have the right to general information, including how therapy is going. Although there is no set age limit for an individual to be considered competent to give consent, mature minor status is typically considered during adolescence and on a case-by-case basis.

LATE CANCELLATIONS AND NO-SHOWS

Your appointment time is reserved for you. If you miss an appointment or cancel with less than 24 hours notice, you will be asked to pay the fee for your session. This cannot be covered by your insurance or EAP plan. As a practice I typically follow up by phone or email after a cancellation or no-show, or if some time has elapsed between appointments. Please let me know if you prefer no follow-up calls.

Finally, if we happen to meet out in the community, please let me know whether and how you wish to be acknowledged. I will make every effort to maintain the level of privacy you prefer.

Please indicate by signing below that you have read the above statements and consent to therapy under the conditions outlined.

Signature of Client

Date

Signature of Witness

Date