



Dartmouth South Professional Centre

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Consent for Services **Sarah Williams, MA, Registered Psychologist**

It is my professional responsibility to ensure that you are provided with sufficient information regarding my services. I am happy to discuss and provide additional clarification- at your request before beginning treatment as well as at any time while we are working together.

CONTACT INFORMATION

Client name: _____

Date of Birth: _____ Age: _____

Complete mailing address (include street address, city, postal code):

Home phone: _____

Cell phone: _____

Email address: _____

Please speak with administrative staff regarding communication preferences (email, phone) for appointment reminders, etc.

If applicable- required for clients under 19 years of age

Name Parent/Legal Guardian: _____

Relationship (please circle): Mother Father Legal Guardian

Complete mailing address (include street address, city, postal code):

Home phone: _____

Cell phone: _____

Email address: _____

If applicable- required for clients under 19 years of age

Name Parent/Legal Guardian: _____

Relationship (please circle): Mother Father Legal Guardian

Complete mailing address (include street address, city, postal code):

Home phone: _____

Cell phone: _____

Email address: _____

HEALTH-CARE TEAM:

Family Physician: _____

Pediatrician (if applicable): _____

Psychiatrist (if applicable): _____

SCHOOL:

School: _____

Grade: _____ Language (PLEASE CIRCLE): English, French Immersion, Francophone

Teacher: _____

CONSENT- COMMUNICATION OF CONFIDENTIAL INFORMATION: If you request for confidential information to be shared with another professional (e.g., physician, school) you will be asked to sign a separate document (Consent for the Exchange of Confidential Information) before this information will be released.

INFORMED CONSENT

QUALIFICATIONS AND TRAINING:

I am a Registered Psychologist. I have a Bachelor of Science in Psychology, as well as Masters of Arts in School Psychology.

AREAS OF PRACTICE and LIMITATIONS

My main area of work is related to learning profiles of individuals with learning challenges (e.g., Learning Disabilities/Specific Learning Disorders, ADHD, and Intellectual Disabilities). The main aspects of my role involve Psychoeducational Assessments, ADHD Assessments, and consultation for various learning-related concerns with the student, their school (services/programming), and their parents (learning/behavioural strategies). I work with students from Preschool/Grade Primary to Post-Secondary Institutions (University, Community College).

I also work with school-aged children and adolescents on topics such as school-avoidance, performance anxiety (e.g., tests or presentations), self-confidence, problem-solving/coping strategies to deal with daily stressors, social/interpersonal skills (e.g., compromising, assertiveness), and life-skill development (sleep hygiene, adaptive functioning).

On occasion- at the time of intake or while we are working together, I may determine that you will be a better served by another Psychologist (e.g., Clinical Psychologist) or Registered Professional (e.g., Psychiatrist, Occupational Therapist, etc.) who specializes in another area of practice. If this situation arises I will discuss with you in person and help to facilitate a referral. In many instances this does not mean that our relationship will necessarily end, but rather that we work in a multi-disciplinary model with and collaborate with another clinician. I will often provide consultation on areas related to learning profiles (academics, cognition, attention, behaviour, social skills) and programming needs (e.g., academic accommodations, behaviour programming).

LIMITS TO SERVICES- LEGAL, HUMAN RESOURCES, DISABILITY CLAIMS: Please note that I do **NOT** provide services related to legal issues (e.g., parental capacity, adult capacity, voice of the child, custody), human resources (e.g., vocational accommodations), or disability claims (e.g., WCB). If you are seeking the expertise of a Psychologist in one of these areas, please contact the Nova Scotia Board of Examiners (NSBEP. www.nsbep.org) or the Association of Psychologists in Nova Scotia (APNS. www.apns.ca) for a name of a Psychologist who can help you with this matter.

LIMITS OF SERVICE OUTCOMES AND ASSUMPTION OF RISKS: Psychological services carry both benefits and risks. Sessions can help to reduce the amount of distress someone is feeling, improve relationships, and/or resolve specific issues. Treatment is likely to help it cannot be guaranteed. Since psychological services often involves discussing unpleasant or challenging aspects of life, clients may experience uncomfortable feelings. Clients can withdraw from treatment at any time.

LENGTH & FREQUENCY OF SESSIONS: Although a full hour is scheduled for you, the actual session lasts 50 minutes. This allows me to use the remaining 10 minutes to complete session notes and applicable documents and prepare for our next session. The frequency of sessions depends on the individual and typically ranges from once a week to once a month. I will work with you to establish a frequency that will be best for you.

CONFIDENTIALITY

LIMITS OF CONFIDENTIALITY: All client information will be kept confidential by myself and the staff at our clinic. However, there are legal and ethical limits to this confidentiality.

- I am required to report if there is a reason to believe that you pose an immediate threat/danger to your safety and/or that of another individual. Confidentiality must be broken in order to protect yourself and/or others.
- I am required to report suspected abuse of a child/minor or dependent adult. Confidentiality must be broken in order to protect this individual.
- I am required to report suspected abuse by another regulated health professional. Confidentiality must be broken in order to protect members of the public.
- If information regarding child pornography has been disclosed there is a mandatory responsibility for all adults to report this information (Child Pornography Reporting Act BILL NO. 187, Chapter 35 of the acts of 2008).
- A judge has the legal right to subpoenaed your records.
- Your insurance company may request records in order to verify the services received and determine compensation.
- Third party payers responsible for your care will be provided with relevant written and/or verbal feedback.
- If you do not pay outstanding billing in a timely manner- your name and relevant information required to receive payment will be shared with a collection agency.

RECORDS MANAGEMENT:

- Client records are stored with a securely encrypted electronic record keeping service that is based in Canada. The practice uses diligent levels of encryption and password protected access to maintain security and safety of digital information.
- Unless otherwise required by law, client records will be retained for at least ten years following the last client contact. If an individual client was less than 18 years of age at the time of last contact, the client record will be retained for ten years following the date of the client's 18th birthday.

PAYMENT FOR SERVICES

Payment for services: Payment must be collected in full before we start our session. Please arrive a few minutes early to complete this process.

Fee for service:

- \$190.00/hour per 50-minute session. This fee is consistent with the guidelines suggested by the Association of Psychologists of Nova Scotia.
- Receipts will be provided.
- Clients will be provided with 3- months' notice of any rate changes.
- All tasks completed out of session such as assessment services (e.g., scoring, reporting), requested correspondence (phone, email, letters, forms, reports), and meetings that have been completed/prepared on client's behalf, at client's request, will also be billed at our hourly rate, as per the time it takes to complete this documentation. Such services will be discussed with and

agreed upon with client before such services are provided.

- Clients may be asked to guarantee payment for comprehensive assessment services in advance- by placing funds in trust in the form of a retainer or signing a separate payment agreement.
- Although the terms of this agreement clearly outline the limits to my services related to legal items- if you become involved in a legal proceeding that requires my participation via court subpoena, you will be billed \$380/hour as well as any additional expenses incurred (e.g., admin support, legal expenses).

Methods of payment:

- Debit, Visa, and Mastercard.

Insurance:

- Psychological services that are provided in the private practice setting are not currently covered by our provincial health insurance (MSI).
- Psychological services are often covered by private health insurance policies.
- Clients are encouraged to contact your insurance provider directly regarding the services that are covered (e.g., counselling, assessment, report-writing), the total amount of coverage that client has in a calendar year, as well as any additional information regarding co-pays. Some insurance policies also require a physician referral. **We encourage you to confirm the amount of coverage you have prior to booking sessions.**
- We currently offer direct billing to Blue Cross and Great West Life. Clients are responsible to pay any outstanding balance on services that are not covered by their insurance (co-pay) at the time of their appointment. Clients will be provided with a receipt of payment and are encouraged to consider submitting this receipt when filing their income tax as a medical expense.
- Clients that do not have an option for direct billing will be required to pay in full and will be provided with a receipt. Clients can use then submit this receipt to their insurance provider for reimbursement (if applicable). Clients are also encouraged to consider submitting this receipt when filing their income tax as a medical expense.
- **Clients with third-party payee's (e.g., DCS, VAC) are asked to schedule only the number of sessions that they have been pre-approved for.** If you are unsure, please contact your third-party payee or the clinic's administrative staff.
- Clients will receive 2 reminders for any outstanding debts (+30 days). Outstanding debts that are not paid in a timely manner (+60 days) will be referred to a collection's agency and you will be responsible for payment of services and all fee's incurred.
- Please ensure you communicate with administrative staff if you have any concerns about payments for services.

Free public services: If you have concerns that your private insurance will not provide you sufficient coverage for the total amount of services that you require- I have provided you with contact information for services provided for free within the public health system.

- **Child-Adolescent:**
 - **Mental Health Counselling:** IWK Central Referral. P: 902-464-4110
 - **ADHD or Psychoeducational Assessments:** Inquire with school if there is an option to have an assessment with the School's Psychologist.
 - **Adult: Community Mental Health Services**
 - Dartmouth Community Mental Health P: 902-466-1830
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POLICY FOR CANCELLATIONS AND MISSED APPOINTMENTS

- Appointment times are reserved for you. Please provide administrative staff with at least 24 hours' notice of cancellation for appointments (1 hour sessions) and 7 days' notice for standardized assessments (3+ hours). This allows us to offer the time to another client. For Monday appointments, please contact the office by Friday at noon.
- Cancellation messages sent via phone or email will be time stamped to verify the time of cancellation. **If an appointment is cancelled without sufficient notice (24 hours) or missed (no show) client will be billed at the regular hourly rate and will be asked to provide this payment prior to their next session.**
- If transportation, illness, or childcare is a barrier to attendance, please call the office as we may be able to explore alternative ways to keep our appointment- such as offer a phone or video-conferencing session.
- Cancellation fee will be waived in exceptional circumstances such as dangerous weather, serious illness, or personal emergency.
- Please note, most insurance companies and third-party providers do not cover the cost of missed appointments.
- Repeated failures to attend sessions or to provide adequate rescheduling notice may lead to discontinuation of our work together.

COMMUNICATION & SAFETY

COMMUNICATION: Phone and email messages will be received by administrative staff and forwarded to me. Please note that if you choose to communicate with our clinic (and/or myself) via unencrypted email, the confidentiality of email communication cannot be guaranteed. Because of the nature of my work, there will be many times when I am with clients and am not immediately available to respond to your message (phone, email, in-person). I will do my best to return to your message as soon as possible- often during the office time that I have allocated between 12:00pm and 2:00pm (Monday-Friday).

SAFETY: I reserve the right to work within a safe and respectful environment. Any form of disrespectful, threatening, and/or harassing behaviour towards myself or my staff by the client or members of their family will be treated very seriously. Concerns will be addressed with client (and/or Parent/Legal Guardian). We reserve the right to discontinue services immediately.

EMERGENCY:

- We do not provide emergency care.
 - Please do not phone or email the clinic in case of a mental health emergency.
 - **In case of emergency please call 911, the mobile crisis unit (P: 1-888-429-8167), or go to the nearest hospital.**
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WORKING WITH MINORS (under age 19)

AGE OF CONSENT:

- In Nova Scotia, any person under the age of 19 is considered a minor. Clients under the age of 19 will be asked to provide the signed consent of a parent/legal guardian.
- There are exceptions to this policy under guidelines set out by NSBEP for Mature Minors. These exceptions will be considered and discussed with you in person on a case-by-case basis.

CUSTODY:

- It is the responsibility of the parent/legal guardian to disclose if consent for services for a minor requires the signed consent of another parent/legal guardian (i.e., custody agreements). It is their responsibility to receive the required co-signature.
- It is the client's responsibility to provide their Psychologist with a copy of custody agreement (if applicable).
- *Please contact me directly if you have any questions or concerns about this item.*

LIMITATIONS:

- With very few exceptions, I do not participate in legal proceedings associated with the work I do with clients because it significantly interferes with creating a safe and confidential environment and a secure therapeutic relationship. I would like to ensure that you are fully informed before we proceed with services that I will decline any such requests from parents, lawyers, etc. If you feel that this will not meet your service needs, please reference Limits to Services section above.
 - Parents/Legal Guardians consenting to services for their minor agree to the following limitations:
 - They agree to refrain from requesting detailed information about individual therapy sessions and understand that they will be provided with periodic updates about general progress and/or may be asked to participate in sessions if recommended by the Psychologist.
 - They are aware that they will be informed immediately about any situations that endanger your child/adolescent. They are aware that this decision to breach confidentiality in these circumstances is up to the Psychologist's professional judgment.
 - They are aware that although they have a legal right to request written records/session notes because their child/adolescent is a minor, that they agree to not request these records in order to respect the confidentiality of their child's/adolescent's treatment and the integrity of their therapeutic relationship with their Psychologist.
 - They are aware that although they have a legal right to request information for court proceedings, including written records/session notes and/or have their child's/adolescent's Psychologist appear before the court because their child/adolescent is a minor, they agree not to request their records nor their attendance at court relating to proceeding by his/her Psychologist in order to respect the confidentiality of their child's/adolescent's treatment and the integrity of their therapeutic relationship with their Psychologist.
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Thank-you for taking the time to read this document. I am happy to discuss and provide additional clarification- at your request before beginning treatment as well as at any time while we are working together.

Please sign below to indicate that you agree with the following.

- I acknowledge that I have read all pages of this document.
- I acknowledge that I understand the information provided in this document.
- I agree with the terms of service outlined in this document.
- I am aware that I can request to have written access to this document.
- I am aware that I can withdraw from treatment at any time.

Name of client (Printed): _____

Signature: _____ Date: _____

If applicable- required for clients under 19 years of age

Name Parent/Legal Guardian (Printed): _____

Signature: _____ Date: _____

Name Parent/Legal Guardian (Printed): _____

Signature: _____ Date: _____

Name Witness (Printed): _____

Signature: _____ Date: _____

Sarah Williams: _____

Signature: _____ Date: _____