

Barrhaven Psychological Services
10 Green Street, Suite 110
Nepean, Ontario, K2J 3Z6
www.barrhavenpsychservices.ca

REQUEST FOR SERVICES

NAME: _____ GENDER: _____

ADDRESS: _____ AGE: _____

_____ POSTAL CODE: _____

TELEPHONE Home: _____ Office: _____ Cell: _____

NOTE TO CLIENT: We want your informed consent for the services we are providing. This means that we want you to understand the services we will be providing to you, the cost involved, and what we do with the personal information we obtain about you. If you have questions about any of this, please ask.

PROFESSIONAL ETHICS: We adhere to the highest standards of professional and ethical conduct. Please note the following:

Confidentiality is an integral component of our services. Information about you or your file is given out only with your written permission, except in cases of a court order, of imminent danger to yourself or others, of disclosures about child or elder abuse, audit by the clinician's College for quality assurance purposes and disclosures of abuse by a health professional. In addition, when required to do so under the *Missing Persons Act, 2018*, the police can require the release of information about a missing person after reasonable efforts have not enabled them to locate the person.

TELEPSYCHOLOGY SERVICES: In response to the COVID-19 pandemic, we are also offering the option of teletherapy sessions. This service has the same purpose or intention as face-to-face psychology and psychotherapy treatment sessions. The web platform being used at Barrhaven Psychological Services is doxy.me (<https://doxy.me>). This platform currently meets our professional privacy and confidentiality standards. As with in-person sessions, confidentiality still applies and clients have the right to withdraw consent at any time and this will not affect their further treatment. As your clinician, we may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

In order to participate in telepsychology, the client must be present in the province of Ontario for the sessions. The client will also require a quiet, private space for the session with a phone for back-up in case of technological challenges. For safety reasons, the client must provide their location and at least one emergency contact. Please do not record the session without first obtaining permission from your clinician.

BENEFITS AND RISKS: Engaging in psychological treatment offers the advantages of promoting personal growth, emotional resilience, and symptom reduction through evidence-based techniques. However, it also presents potential risks, including temporary emotional discomfort and concerns about privacy and stigma. There are also risks associated with participation in telepsychology. Despite our best efforts to ensure high encryption and secure technology, there is always a risk that transmission could be breached and accessed by unauthorized persons. To maximize benefits while minimizing risks, a

collaborative approach between the therapist and individual is crucial, ensuring tailored interventions and ongoing communication.

CLIENT RECORDS: In administering our practice, we make use of a secure, web-based practice management system called OWL Practice to store and manage our client records. This includes information such as client appointments, billing documents, session notes, contact details, and other client-related information and documents. The system we use is encrypted, has servers exclusively located in Canada (Toronto and Montreal), and access to the system is granted only on an as-needed basis and governed by our strict confidentiality policy. Additionally, all practice data in the system is routinely backed up to insure the privacy and protection of sensitive client information and to assist me with PHIPA compliance.

CONSENT FOR THE COST OF OUR SERVICES: There is a standard fee for psychological, psychotherapy and telepsychological/telepsychotherapy services. Services are generally covered in part by some insurance plans. It is a client's responsibility to check with their insurance company regarding coverage. A receipt will be provided with payment of services, which may then be submitted to your insurance company for reimbursement. To facilitate the processing of payments, you may choose to leave your credit card information on file on our secure web-based practice management system system. Given that this information is solely for processing of payments, the information will be securely deleted once sessions terminate.

APPOINTMENTS: If an appointment must be canceled, please call the office at least 48 hours (2 full business days) in advance and leave a message. Failure to do so will result in a cancellation fee of 100\$ to be charged to your account.

CONSENT FOR TREATMENT: I have read and understood the above information and consent to the following service (please select one):

Individual counseling/psychotherapy

Child & family counseling/psychotherapy

Psychological Assessment

Adolescent counseling/psychotherapy

Psychoeducational assessment

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with psychological services, my clinician will collect some personal information about me (e.g., home phone number, address). I have reviewed the Privacy Policy (available online or in the waiting room), about the collection use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction. I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to Dr. Amélie Beausoleil, Dr. Darcy Santor, and Dr. Lindsay Rosval collecting, using and disclosing personal information about me as set out above and in the Privacy Policy.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____