



Consent for Psychological Assessment and/or Treatment

Please read the following form carefully and ask me any questions you may have.

Client name:

Address:

Home phone:

Work phone:

How to contact you (if email please be aware that absolute security of information cannot be guaranteed)

Emergency contact:

Purpose and Benefit of Psychological Assessment and Treatment

- The goal of the assessment is to assess your present psychosocial concerns.
- The potential benefit to you is that you may obtain a better understanding of any problems or concerns you have.
- If appropriate, treatment will be provided to you and will be based on the results of the assessment. The potential benefit of treatment is to assist you in coping with your concerns.

Format of Psychological Assessment

- You will be asked to participate in an assessment interview in which you will be asked questions about your background and current functioning, including questions about your health, mood, relationships, occupation, leisure activities, and coping strategies.
- You may also be asked to complete questionnaires to help me further understand your concerns or participate in a further structured interview.
- Following the interview, treatment recommendations will be formulated.

Format of Psychological Treatment

- Treatment will be tailored to your individual needs depending on the assessment; the number of sessions will be mutually agreed upon.
- Typically, in treatment you will be seen on a weekly or bi-weekly basis (~ 50 minute sessions) and some suggestion for activities for you to work on between sessions will be given.
- Treatment typically focuses on identifying and modifying thoughts and behaviour patterns.
- Treatment is a collaborative process whereby we work together on agreed upon tasks and goals; as a therapist my primary role is to provide information and assist you in using this information.

Voluntary Participation & Ability to Withdraw

- Your participation in assessment and treatment is entirely voluntary. You can choose not to take part in or withdraw at any time (verbally or in writing). You can also refuse to answer any questions you do not wish to answer.

Limits of Confidentiality

- Any information gained from the assessment and treatment (including both verbal and written information) is confidential and will not be shared with anyone without your consent. **There are a few important exceptional circumstances to this, however:**
 - If you pose an immediate threat to your life or to that of other individuals, confidentiality may be broken in order to prevent harm.
 - If you disclose that a child is being abused or is in danger of abuse (physical or sexual) this information must be reported to the Ministry of Social Services.
 - If you become involved in a legal case, the judge has a right to subpoena any information relevant to this legal problem, which could also include my records. If court ordered, I must comply with a court order requiring the release of confidential information
 - If I am required to report potentially compromised driving ability to SGI
 - If you are concerned about my professional conduct, it may be necessary to release information from your file to evaluate and address this concern.
 - If you request that information be released to another provider or an insurer.

Record Keeping

- I am a registered doctoral psychologist with the Saskatchewan College of Psychologists. As such, I am required to keep records of our sessions. These will be kept for a minimum period of 7 years and will be kept in a secure locked filing cabinet when not in use. Information that I must record includes the following:
 - The name of the client and other identifying information;
 - The presenting problem or problems or the purpose of the consultation;
 - The fee arrangement;
 - The date and substance of each professional service, including relevant information on interventions, progress, any issues of informed consent or issues related to termination;
 - Any test results or other evaluative results obtained and any basic test data from which the results were derived;
 - Notations and any results of formal consults with other service providers;
 - A copy of all test or other evaluative reports prepared as part of the professional relationship; and
 - Any releases or consents executed by the client.

Risks

- There are no anticipated risks associated with the assessment and treatment with the exception that under the circumstances listed above it may be necessary to break confidentiality. Both assessment and treatment may result in temporary emotional discomfort, but are designed ultimately to assist you in the longer term.

Costs

- My fee is _____ an hour whether direct or indirect time is needed and is required prior to each appointment. This will be billed directly to you, should you need to submit to an insurer or other, this will be the client's responsibility. Cash, cheques, and most major credit cards are accepted. Receipts will be promptly issued upon request. Records (such as therapy or assessment reports) may be withheld pending agreed-upon payment.
- Cancellations or rescheduling require forty eight (48) hour advance notification to avoid hourly costs
- Please ask if you have any questions or concerns about billing or costs.
- Any alternate billing arrangement will be noted below and initialed by both you and I:

Copy of Consent and Offer to Answer Questions

- You are entitled to receive a copy of this consent form for your own personal records.
- Questions will be welcome at anytime. I can be reached by telephone at 306-570-1404 or unsecure email at katherine@theowensgroup.ca

I VERIFY that I have read, understand, and agree to the conditions listed above. I acknowledge that I have a copy of this form for my own personal records.

PRINT NAME

SIGNATURE

DATE