



CONSENT TO SERVICES FORM

Important Information for Clients

I would like your informed consent for the services provided at York Region Psychological Services (YRPS). I would like you to understand what the service entails, the cost involved, and what we do with the personal information I obtain about you. *If you have any questions about any of this, please do not hesitate to ask.*

Consent for Psychological Services

This form is to document that I/we, _____ give permission and consent to Dr. Hannah Rockman, PsyD., C.Psych., who is a clinical psychologist and a certified member of The College of Psychologists of Ontario, Psychologist #4940, to provide psychological consultation, assessment, and/or treatment to me/us and/or my child _____. *I understand that I/we have the right to withdraw consent for psychological services at any time.*

Professional Qualifications

I understand that Hannah Rockman, PsyD., C.Psych. is responsible either directly or through a supervised service provider (social worker, counselor or psychometrist) LINDA HOVANESSIAN for all aspects of the psychological services provided to me. I further understand that the supervised provider, though not a registered member with the College of Psychologists in Ontario, has the required training to deliver psychological services under the supervision of a Registered Psychologist. If I wish to speak with Dr. Hannah Rockman, PsyD., C.Psych., I may do so by calling the office number (416) 602-3230. When necessary, it is possible to schedule a meeting with Dr. Hannah Rockman, PsyD., C.Psych. at my request, or at the request of the supervisee.

I/we understand that psychotherapy entails both benefits and certain risks, and that there is no guarantee that psychotherapy will be successful. I understand that it is important that I mention promptly any concerns or questions I have at any time during the process of therapy.

Insurance Coverage

Psychological services are *not covered* by O.H.I.P., but are often partially or fully covered by most extended health insurance/ benefit plans (e.g., Blue Cross etc.). Various plans differ, so please check with yours regarding coverage and claim procedures (e.g., whether or not a letter or referral from your physician is required, details required on receipts etc.). *Referrals need only state, "I refer _____ for psychological consultation, assessment and/or treatment."*

Payment for Services & Fees

I agree to pay for all psychological consultation and counselling/ psychotherapy services provided to me at the rate of \$190 per hour. The usual hour is 50 minutes as set out by the Ontario Psychological Association (O.P.A.). I agree to pay *in full at the end of each session*, unless another arrangement is agreed upon.

Fees may vary according to the time and nature of the service(s) involved (e.g. report writing will be billed at your regular appointment fee; telephone conversations in excess of 10 minutes will be billed at your regular appointment fee, in quarter hour increments; and consultation with other professionals will be billed at your

regular appointment fee, in quarter hour increments) and you will be advised in advance if any changes are made to the fee. All fees charged follow the guidelines set by the O.P.A. for psychological consultation and counselling. Generally, clients pay for their sessions at the end of each session. In this way, the account remains manageable and counselling becomes a naturally budgeted expense. Fees may be paid by cash, cheque or major credit card. A surcharge of \$25.00 will apply to all N.S.F. cheques. A late fee of 2% per month will be added if payment is not received after 60 days of the date of service. Fees may be held in trust. Outstanding accounts of more than 60 days will be eligible for submission for collection.

Fees paid for psychological services may be eligible for inclusion in your medical expense deduction on your income tax. Your extended health insurance benefit plan may provide you reimbursement for psychological services. You will be given a receipt for each payment, which you should retain for income tax or other claim purposes.

Cancelled or Missed Appointments

In order to maximize the effectiveness of psychological services, clients should make counselling a high priority and should not cancel sessions except in cases of emergency. **Session fees will be applied for missed and/or scheduled appointments cancelled less than 24 hours in advance.**

Confidentiality and the Limits of Confidentiality

Confidentiality is respected at all times. No information will be communicated directly or indirectly, to a third party without

your informed and written consent. Exceptions to confidentiality include the legal and/or ethical obligations to:

- Inform a potential victim of violence of a client's intention to harm
- Inform an appropriate family member, health care professional, or police if necessary of a client's intention to end his or her life
- Release a client's file if there is a court order to do so
- Inform the Children's Aid Society if there is suspicion of a child being at risk or in need of protection due to neglect, or physical, sexual, or emotional abuse
- Report a health professional who has sexually abused a client to the professional's regulatory College

Privacy of Personal Information

I understand that in order for York Region Psychological Services to provide me with psychological services, some personal information will be collected about me (e.g., name, address, telephone number, health history, and social situation) in order to help assess what my needs are. This information will then be used to advise me of my treatment options and to help me receive the treatment that I choose. I understand that in the course of business, office staff may need to access some of my personal information (e.g., address for billing purposes, extended insurance information) and that this access is limited.

I understand that I have the right to review and the right to a copy of my personal information, barring a few exceptions.

I agree to YRPS collecting, using and disclosing personal information about me as set out in YRPS' Privacy Policy, and that a complete copy of the Privacy Policy is available upon my request.

In Case of an Emergency

Emergency services are not available. In the case of an emergency, clients should dial 911, contact their Family Practitioner, or go to the Emergency Department of any hospital.

Informed Consent

I have read and understood the information presented in this document, and hereby consent to psychological treatment and/or assessment.

I understand how the Privacy Policy at York Region Psychological Services applies to me and have been given a chance to ask any questions I have about the privacy policies and practices and they have been answered to my satisfaction. I agree to YRPS collecting, using, and disclosing personal information about me as set out above and YRPS' Privacy Policy.

Would you like feedback provided to your physician? Yes No Undecided

Release of Information

Individual or representative of organization	Initial or check (√)
Insurance Company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal Representative	Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Doctor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Treating Professionals	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	

Additional Comments:

Signature of Client: _____ **Date:** _____

Printed Name: _____

Note: *The consent form needs to be signed by all clients competent to consent to psychological services.*