

Informed Consent for Psychological Health Services

Client Information

LAST NAME _____ FIRST NAME AND INITIAL _____

DOB: MM|DD|YY _____ MR | MRS | MS | DR

This document contains important information about our professional services and policies. Please read it carefully and discuss any questions you have with Dr. Lephuong Ong, Registered Psychologist (BC: #1913).

Psychological Health Services

You have agreed to participate in psychological assessment and/or psychotherapy, offered either in-person or virtually. The initial session involves an assessment of your concerns and personal history, and the administration of standardized questionnaires as appropriate. This assessment will help clarify if therapy is likely to be beneficial, establish therapy goals, and determine client-therapist fit.

Risks and Benefits

Therapy involves working with your therapist to understand and address psychological concerns. It can help clients gain a new understanding of their concerns, and to learn new ways of coping with difficult situations. Therapy also can help clients develop new skills and change unhelpful behavior patterns.

Please note that there is no method of therapy that can guarantee improvement in all individuals and simply attending therapy is not sufficient to produce change. Improvement is significantly more likely when clients make therapy a priority, attend sessions, and carry out activities between therapy sessions. Skills learned in therapy will require practice, which can be difficult and take time. Changes in awareness may alter self-perceptions and ways of relating to people. Therapy can stir up uncomfortable feelings and thoughts.

Confidentiality and Limitations

Your psychologist will keep clinical records that includes a summary of each session, as well as any relevant correspondence (e.g., emails, phone calls, letters). Consistent with the guidelines set forth by the College of Psychologists of BC, all information shared in psychology sessions will be kept confidential. Information will not be shared with any other person or organization without your prior knowledge and written consent.

However, there are limited circumstances where the law requires disclosure, without your specific consent, such as the following situations:

- If there is reason to believe that you are at substantial risk of serious harm to yourself or others.
- If there is reason to believe that a child or vulnerable adult may be abused or neglected or requires protection.
- If there is a medical emergency.
- If a person has a condition which makes it dangerous to drive and continues to drive even though a healthcare professional has advised them not to.
- A court orders us to turn over psychology records or orders us to testify in matters concerning you.

Professional Fees and Cancellation Policy

Each psychology session is approximately 50 minutes in length and is currently billed at \$235/session. Payment is due in full after each session unless alternative arrangements have been mutually agreed upon. Additional fees may apply for the preparation of reports or other correspondence, and attendance at meetings or consultations with other professionals you have requested.

Your appointment time is reserved for you. If you are unable to keep your appointment, please provide at least 48 hours' notice. Missed appointments or cancellations for appointments received with less than this timeframe will be billed at the full session rate.

Emergency Services

If you have an emergency call your family physician, 911, crisis line (604-872-3311), or visit an emergency room.

Special Considerations for Virtual Visits

Psychology sessions can be offered virtually, via telephone or video-assisted visits. Before participating in virtual visits, you need to understand what is involved with using these methods and give your consent. You have the right to withdraw your consent at any time.

Protection of Privacy

Your privacy is important. To this end:

- No information about you from telephone or video contacts is stored.
- Telephone and video-assisted visits may not be recorded by either the client or therapist without prior agreement of both.

Possible Risks

Potential Risks of Virtual Visits include, but may not be limited to:

- While video usually provides a good visual image, since you are not sitting face to face with your therapist, non-verbal information (e.g., facial expressions/body language) may be less noticeable and could be misunderstood.
- The security of video on the internet cannot be absolutely guaranteed.
- Equipment failures and technical issues can occur at times.

- Your visit may be interrupted if equipment failure occurs or if we encounter technical issues. If this happens during a video session, we will do our best to resume our visit by telephone.
- Please endeavor to ensure your own privacy (e.g., find a private space; not hold the meeting in a public place).

Please provide a telephone number in the event of difficulty with video: _____

PLEASE NOTE: You will receive a call from a BLOCKED number, so please ensure you are able to receive calls from blocked numbers at the time of your phone/video appointment.

I have read and understand the above and I have had the opportunity to ask, and have answered, any questions.		
_____	_____	_____
Client Signature	Printed Name	Date
_____	_____	_____
Witness Signature	Printed Name	Date