

ABOUT PSYCHOLOGICAL SERVICES FROM DR. HILLSON & CONSENT

In consenting to receive psychological services from Dr. Joan M. C. Hillson, R. Psych (CAP #2330), I

Client Name(s)

agree to and understand the following:

Competence

- ✓ I am 18 years of age or over and am competent to make decisions for myself, including providing consent to the services I will receive.

Purposes, Modalities, Risks/Benefits and Alternatives

- ✓ The purpose of and benefits of seeing Dr. Hillson may include:
 - receiving an assessment of a psychological condition,
 - decreased psychological distress,
 - improved relationships and/or clarity around relationships,
 - improved functioning in an identified area of my life,
 - other purposes or goals as agreed to by myself and Dr. Hillson.
- ✓ An additional benefit of seeing a Registered Psychologist is that psychologists are regulated health professionals who have undergone extensive education, training, supervision and examinations in evidence-based practices and follow a code of ethics that promotes respect for dignity and fair treatment.
- ✓ Treatment modalities used may include cognitive-behavioural therapy (CBT), emotion-focussed therapy, critical incident debriefing, prolonged exposure, mindfulness-based interventions, motivational interviewing, insight-oriented therapy, psychoeducation, and others as required.
- ✓ The risks of receiving psychological services may include temporary increases in feelings of distress and feelings of fatigue after sessions.
- ✓ The risks of not receiving psychological services may include experiencing ongoing and/or worsening of symptoms or the condition(s) or the situation(s) for which I am seeking help.
- ✓ Sometimes people choose to access alternative/additional services including but not limited to treatment from another health professional, medication, support through community agencies or faith communities or self-help organizations, self-help books, online resources, etc.

Confidentiality of Myself, My Information, and of Others

- ✓ Information about my appointments (including dates and fees) as well as my contact information is stored on a Canadian platform--OWL Practice--whose servers are located in Canada and which meets all legislated requirements for the storage of information for people receiving psychological services in Canada. Dr. Hillson's account has a unique username and is password protected.
- ✓ My clinical file is securely stored on-site and only Dr. Hillson and her assistant have access to it. On occasion Dr. Hillson will transport files and her computer via her personal vehicle and when she does so, she will take every reasonable precaution to ensure their security.
- ✓ In the case of unforeseen emergencies (e.g., death or prolonged illness of Dr. Hillson), both her assistant and her business partner, Dr. Michelle Soucy Dahl, will have access to the file in order to inform me of Dr. Hillson's unavailability and make recommendations for my ongoing care.
- ✓ If I provide an email and/or cell number(s) for text/iMessage, this signifies my agreement to communicate electronically, and I accept that electronic communications are not always secure.
- ✓ If applicable, my information (name, ID number, date/duration of appointment, amount charged) will be submitted to third party payers. When requested, Dr. Hillson will confirm appointment attendance.
- ✓ No clinical information about me will be requested from others OR released to others, without my written consent, unless such exchange of information is required by law. Examples of when information exchange is required by law include:

- when one is an imminent danger to themselves or others,
 - when children or vulnerable persons are being or have been abused or neglected or are at imminent risk of abuse or neglect,
 - when psychological records are subpoenaed.
- ✓ My clinical file is required by law to be retained for a minimum of 11 years (exceptions apply) following the conclusion of receipt of services, after which it may be securely destroyed and disposed of.
 - ✓ I am receiving services in a clinic setting and I may encounter other clients at this location (in waiting rooms, elevators, etc) and I commit to respecting their privacy and not disclosing whom I have seen at the clinic.
 - ✓ Audio/video recording of sessions is not permitted.

Fees and Notice

- ✓ The fee for services is \$200/50 minute session. I may request longer sessions at the time of booking, or Dr. Hillson may recommend longer sessions, and the fee for those longer sessions will be adjusted to reflect the length of the agreed to extended session (\$300/1hr20min; \$400/1hr50min). When Dr. Hillson exceeds the length of time booked for my appointment, I will not be charged extra.
- ✓ Payment is due at the end of the session and will be direct billed to third parties (insurance or employers) where possible. Any amount not covered by the third party is my responsibility and payment can only be made by e-transfer (to drjoan@drjoanhillson.com), cash or cheque (no debit or credit card transactions). Electronic receipts will be issued in my name when payment is received.
- ✓ I will attend all appointments as booked or provide one business day's notice (or 24 hours, whichever is longer) for changing/cancelling appointments or I will be charged the full session fee. (In the case of a communicable illness, emergency, or severe weather, I will not be charged for cancellation and rebooking). In the case of services paid for by third parties, I understand that missed sessions or late cancellation fees may not be covered by the third party.
- ✓ In the event that Dr. Hillson is unable to see me at my booked appointment time, she will make all reasonable efforts to have me contacted (either by herself or her assistant or possibly Dr. Michelle Soucy Dahl) to inform me of her unavailability. Every reasonable effort will then be made to rebook my appointment at the soonest mutually agreed upon time.

Duration of Consent, Closure of File and Revoking Consent

- ✓ This consent is valid until such a time as services with Dr. Hillson are concluded and/or my file is closed. My file will be closed when:
 - I indicate to Dr. Hillson that I no longer wish or need to receive psychological services,
 - OR if I have had no appointments with Dr. Hillson for a period of 12 months and she or her staff have attempted to contact me using the contact information I have provided and I have not responded. (Files may be reopened at my request to resume services.)
- ✓ I may revoke my consent for services at any time by informing Dr. Hillson either verbally, in writing, or by email (drjoan@drjoanhillson.com) that I no longer consent to receipt of services.

Questions and Signatures

- ✓ Before signing this Consent Form, I have had an opportunity to ask any questions I may have and these questions and their answers are documented on a separate sheet.

Client Signature(s)

Date

Dr. Joan M. C. Hillson, R.Psych. (CAP #2330)

Date