



Consent to Psychological Therapy or Consultation (Adults)

Welcome to our practice! This document contains information about our professional services and business policies. Please read it carefully and let us know if you have any questions.

Appointments

The first one or two appointments involve an evaluation of your concerns and needs. By the end of the evaluation, we will be able to offer you some initial impressions of what our work may include. At that point, we will discuss your treatment goals and create a treatment plan. You should evaluate this information along with your own opinions about whether you feel comfortable working with us. If you decide that you would prefer to see someone else, or if we feel that your difficulties are outside our areas of expertise, we will be happy to refer you to another healthcare professional.

Appointments are **50 minutes** long. They can be scheduled at the frequency of your choosing (e.g., weekly, biweekly, monthly).

Professional Fees

Please note that fees for private psychologists are not covered by Nova Scotia Medical Services Insurance (MSI). The fee for each appointment is **\$190.00**. You must pay this amount **at the appointment by cheque, Interac e-Transfer, or cash**. We do **not** accept credit cards or debit cards.

Appointment fees may be partially or fully reimbursable if you have insurance coverage (e.g., Blue Cross, Great West Life, Sun Life). The psychologists in our practice are registered Blue Cross Providers and provide receipts for all clinical services. Fees can be claimed as a medical expense on your income tax return and are tax deductible.

We also charge a fee of \$190 per hour for other professional services such as report writing, telephone conversations lasting longer than 15 minutes, attending meetings with other professionals you have authorized, and preparing treatment summaries. There is no tax on any of these fees because they are for a health service.

Cancellation Policy

We require 24 hours' notice if you need to cancel or reschedule your appointment. If you are unable to attend your appointment because of illness, weather, or unforeseen circumstances, please call or email us as soon as you can. If you do not attend your appointment without letting us know ("no show"), you will be charged the full appointment fee of \$190. Most insurance companies will not reimburse the fee for a missed appointment. No further appointments will be scheduled with you until the missed appointment fee is paid in full.

Confidentiality

With few exceptions, the information that you share with us is confidential. We cannot, and will not, tell anyone else what we have discussed or even that you have attended an appointment with us. In most situations, we can release information about you only if you provide us with written authorization.

In certain specific situations, we are ethically and legally required to take action even though doing so may reveal information about you or about others. These situations are rare. We will always make every attempt to inform you when we are required to break confidentiality for any of these reasons:

- If we believe that you are in imminent danger of seriously harming yourself, or that another person is in imminent danger of harming himself or herself, we must break confidentiality and call the police or a crisis team. We would explore all other options with you before taking this step and would do so only if your safety or the safety of others could not be assured.
- If we believe that you intend to seriously harm another person, or that someone else intends to seriously harm another person, we must attempt to inform the intended victim and warn them of your intentions or of the intentions of others. We also must contact the police and ask them to protect the intended victim.
- If we suspect that any child or youth under the age of 19 is being abused or neglected, we must inform Child Protection Services immediately. Also, if we suspect that a vulnerable adult is being abused or neglected, we must inform Adult Protection Services immediately.
- In response to a court order or where otherwise required by law.

Declaration

My signature below indicates that I have read the information in this document and/or had it explained to me, that I agree to its terms, and that I have given my consent voluntarily to receive psychological therapy and/or consultation services through Dr. Robert J. McInerney and Associates Ltd. I understand that I may withdraw my consent at any time.

Name

Date of Birth

Signature

Date