



## 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 provider.

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

### Professional Fees

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 and are HST exempt.

### 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 (i.e., a "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 attended an appointment with us. In most situations, we can disclose information about you to others only if you provide us with written authorization. In certain specific situations, we are ethically and legally required to disclose information about you without your authorization. These situations include:

- 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 contact the police or other appropriate authority. We also must attempt to inform the intended victim.
- If we suspect that a child or youth under the age of 19 is being abused or neglected, we must immediately inform Child Protection Services. Also, if we suspect that a vulnerable adult is being abused or neglected, we must immediately inform Adult Protection Services.
- If services are paid by a third party (e.g., an insurance company), we may be required to disclose information such as confirmation that you attended the appointment, the date and time of your appointment, who was present, and the appointment fee.
- 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 give 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.

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Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Phone

\_\_\_\_\_

Signature

\_\_\_\_\_

Date