Dr. Robert J. McInerney & Associates
Psychological and Neuropsychological Services Ltd

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Consent to Psychological Therapy and Consultation (Children and Adolescents)

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. During that time, we will offer you some initial impressions of what our work may involve. 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 child's 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

The fee for each 50-minute appointment is $210. Longer appointments are charged extra on a prorated basis. Fees are due before each appointment by Interac e-Transfer, cheque, or cash. Interact e-Transfers can be sent to robertm@uvic.ca. We do not accept credit cards or debit cards.

Appointment fees may be reimbursable if you have health insurance (e.g., Blue Cross, Great West Life, Sun Life, Manulife, etc.). The psychologists in our practice are registered with the province of Nova Scotia and are also registered Blue Cross providers. We provide receipts that are suitable for reimbursement by all insurance providers. The noninsured fees you pay can be claimed as a medical expense on your income tax return.

We also charge a fee of $210 per hour for other professional services such as reviewing records, filling out forms, writing letters, preparing treatment summaries, and attending meetings (whether in person, by phone, or online).

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 $210. Most insurance companies will not reimburse the fee for a missed appointment. No further appointments will be scheduled with you or your child until the missed appointment fee is paid in full.

Confidentiality

With few exceptions, the information you and your child shares with us is personal and 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 release personal health information about you and your child only if you provide us with written authorization. In certain situations, we are ethically and legally required to break confidentiality and disclose information about you or your child without your consent or authorization. These situations are as follows:

- If we believe that your child is in imminent danger of seriously harming himself or herself, or that another person is in imminent danger of harming himself or herself, we must 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 child's safety or the safety of others cannot be assured.

- If we believe that your child intends 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 believe that a child under the age of 19 requires protective services because of abuse (physical, sexual, and/or emotional), neglect, or abandonment, we must immediately inform Child Protection Services. Also, if we believe that a vulnerable adult requires protective services, we must immediately inform Adult Protection Services.

- If the psychological services you receive from us are paid for by a third party (e.g., an insurance company), we may be required to disclose information such as confirmation that you or your child attended the appointment, the date and time of your appointment, the appointment duration, 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 understand it and agree to its terms, and that I give my consent voluntarily for my child 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.

Child's Name

Date of Birth

Name of Parent or Legal Guardian

Relationship to Child

Address

City

Province

Postal Code

Phone

Parent/Guardian Email Address (optional)

Signature of Parent or Legal Guardian

Date

Revised June 2021