

discover - adapt - grow



découvrir - adapter - développer

Resilience

Psychological Services Psychologiques

Welcome to *Resilience Psychological Services*!

To protect your well-being, I will require your consent to provide any psychological services to you. The work we do together is confidential. Everything we discuss and all the information I gather during our work together is private. Although I keep notes to summarize our meetings, these notes are secured in a locked filing cabinet between sessions. I would require your consent to share your private information with anyone else in the future.

I may occasionally consult with other psychologists and would not request your consent at such times. During these consultations, your name is never revealed and your identity is protected. The goal of such consultations is usually to brainstorm possible resources, services, or solutions for the specific purpose of better assisting you.

By law, there are certain situations in which I would be required to break our confidentiality agreement:

- If I learn that a child or dependent adult is being sexually or physically abused.
- If I learn that you have been sexually abused by a health care professional.
- If you are at risk of committing suicide or seriously harming someone else.
- If I am subpoenaed to testify in court, confidentiality is not protected.

These situations and your psychologist's responsibilities are explained more explicitly in the confidentiality agreement presented below.

Confidentiality Agreement

I understand that my conversations with my psychologist are confidential. However, I also realize that there are specific situations in which client/psychologist confidentiality cannot be assumed. These include:

1. Danger to Self. If I pose a danger to myself such that I am seriously suicidal, my psychologist will disclose information about me and my condition as necessary to authorities in order to prevent me from harming myself. I understand that only information relevant to the purpose of keeping me safe will be disclosed.

2. Danger to Others. If I pose a danger to others, I understand that my psychologist is ethically bound to protect anyone to whom I present a clear and imminent danger. If I make specific threats of violence against an identifiable person, my psychologist will attempt to protect the potential victim by making an effort to warn them by contacting police.

3. Child Abuse. My psychologist is required to report to authorities any suspected case in which a child may be being abused. It does not matter how much time has elapsed since the occurrence of the abuse; if the victim is still a child, my psychologist must report the incident. If I am an adult and disclose past child abuse, and my psychologist has reason to believe that the abuser is still victimizing children, my psychologist is obligated to report that suspicion.

4. Sexual Abuse by a Health Care Professional. If I disclose to my psychologist that I've been sexually abused by a health care professional, my psychologist is ethically bound to report the case to his or her professional licensing body.

5. Couples. If I and my partner are being seen for psychotherapy the clinical notes completed by our psychologist will likely include information about both me and my partner. Both my partner and myself will most likely have legal right of access to the file. Also, the confidentiality of anything that is said when either I or my partner are out of the therapy room cannot be guaranteed.

6. Court Orders. I understand that psychologists can be ordered to present their notes to the court. My psychologist will comply with a court request or order for notes only after attempting to protect the privacy of any client information.

7. Third Party Payment. I understand that if a third party (e.g. WCB, EAP, health insurance) is paying for the services I receive, the third party will be informed of only that information this is required for payment of my psychologist. If a third party requires a report about my claim, only information relevant to my claim is reported. My signature below confirms my understanding of the above items.

I acknowledge the above information and consent to receive psychological services from _____ under these conditions. I also understand that I can withdraw my consent for any part of the psychological service at any time.

Client name: _____ Date: _____

Signature of client (or parent/guardian): _____

Witness: _____