



CONSENT FOR PSYCHOLOGICAL SERVICES

I hereby authorize Laurie Trace, R. Psych to provide counselling services for (print client name(s) _____).

I understand that our communications will remain confidential notwithstanding the following circumstances:

- suspicion of imminent threat of suicide or homicide
- reasonable suspicion of child or elderly abuse
- should the court subpoena a clinical file

I am aware that counselling services are completely voluntary, and that I may withdraw at any time. I understand and/or have had to opportunity to inquire about the following information:

- background, credentials, and methods of the practitioner providing and/or supervising my services
- the nature and process of the services to be provided
- risks and benefits of treatment
- handling and storage of professional records
- parental access to records for clients under the age of 18
- fee, method, and schedule of payment
- cancellations
- emergencies
- complaint process

I hereby acknowledge that the service has been explained to me, and that I understand and consent to the services to be provided.

Client _____

Date _____

Part II: Consent for Telepsychology Services

I understand that all of the aforementioned considerations are applicable to psychological services provided by video conferencing as well. Considerations specific to Telehealth services include:

- * While encrypted platforms (e.g. Zoom) enhance security, there are limits to the confidentiality when using digital communication methods
- * Neither party may record a digital session without permission from the other person(s)
- * Clients will need a webcam or smartphone, access to a secure (not public) Wi-Fi source, and a private space that is free of distractions during the session.
- * In the event of a disruption to the session (e.g., tech difficulties), the therapist will make contact by text to discuss options.
- * All clients will be required to provide an emergency contact prior to session, in the event of a crisis situation.
- * Clients should confirm with their insurance company the video sessions will be reimbursed; if they are not reimbursed, clients will be responsible for full session fee.
- * The psychologist may deter that due to certain circumstances, telepsychology is no longer appropriate and that session should resume in person
- * Clients always have the option to stop counselling at any time. Please provide 24 hours of cancellation or appointment change.

Client _____

Date _____