

Informed Consent for the Provision of Psychological Services

Dr. James Roche, R.Psych, CPBC#01610

I, (print names) A _____

B _____

Child's name if appropriate _____

have read and understand the following:

I understand that my psychologist, Dr. Jim Roche, is a registrant of the College of Psychologists of British Columbia and as such is governed by the College's *Bylaws* and *Code of Conduct*. Accordingly my psychologist may not provide services to me without first obtaining my informed consent, meaning *consent I have given with an understanding of my rights and the risks involved with such services*. I understand that if I have any questions regarding the services I can ask my psychologist at any time before or during the provision of those services. I also understand I may withdraw from services at any time.

Psychological Services

I understand that any psychological services, including diagnosis and treatment, that I may receive from my psychologist will be unique to my situation or needs. Accordingly, my psychologist may not be able to tell me all of the specifics of the services before beginning to provide services. However, my psychologist will make all reasonable efforts to answer my questions about the psychological services to be performed. Sometimes these services are helpful, but there are no guarantees of either success from treatment or of results from assessments.

Confidentiality

I understand that subject to certain specific exceptions discussed below, all information that I may share with my psychologist is confidential and no information will be released to any third party without my explicit written consent. I further understand that there are specific and limited exceptions to this confidentiality, most notably:

1. When you report a risk of imminent substantial harm to yourself, your psychologist, or someone else, as a Registered Psychologist I am bound to take necessary steps to prevent the harm including disclosing confidential information to the appropriate authorities.
2. When there is reason to believe that a child needs protection, such as where a child has been or is likely to be physically, sexually or emotionally harmed, abused or exploited, in which case I am legally bound to report the matter to appropriate authorities.
3. When an adult is at risk of abuse or neglect, and is unable to seek support and assistance, I am legally bound to report the matter to appropriate authorities.
4. When there is reason to believe you have a condition, which makes it dangerous for you to drive and you continue to drive after being warned of the danger, I am legally bound to report the matter to appropriate authorities. When the law requires the release of confidential information, I am legally bound to release the confidential information. (WorkSafeBC issues)
5. When you report that another licensed health care professional might be a danger to the public if he or she continues to practice (e.g., engaged in sexual misconduct), I am legally bound to report the matter to appropriate authorities.
6. Limited information may also be shared with others if your bill is unpaid, or you write a check that doesn't clear. This information would include your name, address, phone, email but no information about the services other than "psychological services." This would be shared with a collection agency, bank or similar entity.

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Risks

I understand that while psychological treatment may provide significant benefits, it may also involve some potential risks. Psychological treatment may elicit uncomfortable thoughts and emotions, or may lead to the recall of troubling memories. Psychological services often are helpful in dealing with emotions, depression, anxiety or stress, but are not always helpful. Testing, while usually useful, sometimes fails to provide us with insight or the answers we seek. Sometimes testing results can cause distress. My psychologist will attempt to clarify results and diagnoses whenever possible.

Outcomes

I understand that there are no guarantees of outcome. Dr. Roche uses scientifically based and professionally accepted procedures in testing and therapy, however, there is no situation in which he can promise a successful outcome. Sometimes the value of therapy or behavioural interventions is not known until a later date. With testing, sometimes we don't get the results we wished for, or the results are unclear. Sometimes *third parties who we expect to obtain accommodations or benefits from do not follow through as we would expect, and sometimes they do not accept outside results.*

Other Rights

I understand that at any time I may ask questions about my psychologist's training or credentials. I further understand that at any time I may ask about my Psychologist's approach or method of treatment or anything else that is relevant to or happens during the course of treatment. I understand that I may refuse any suggestions offered by my Psychologist and that I have the right to end treatment at anytime or ask to be referred to another psychologist.

Concerns or Complaints

I understand that if I have any concerns about my psychologist's conduct or any aspect of the treatment, I may discuss these concerns with my psychologist at any time during the course of treatment. If I am not satisfied by the quality of services from my psychologist or believe my psychologist has acted unethically or unprofessionally, I may make a formal complaint to the College of Psychologists of British Columbia.

Fees

- I understand that my psychologist will charge for his services at the rate of **\$200 per 50 minute session.** I must cancel 3 days in advance of an appointment or be responsible for 50% of the cost. Testing/assessment appointments must be paid for in advance, and if cancelled less than 3 days in advance will be billed at the 50% rate.
- Telephone consultations are **\$50 per one quarter of an hour. \$200 per 50 min consultation.**
- Often patients request forms be completed for tax rebates, qualifying for provincial or federal benefits or for college placement. These services are billed at the same rate, \$200 per hour, and at a minimum of 1/2 hour of time.

Other Matters

I understand that my psychologist may on occasion consult with colleagues regarding cases, and that if he does so regarding my case it will be done for the purpose of benefiting me and my confidentiality will be preserved. This usually means no significant identifying information is shared. *If a child is being seen and only one parent attends I have appropriate custody and the other parent has been notified consents to treatment.*

Forensic | Legal Issues

Occasionally patients present with difficulties that are related to legal matters. This might include issues relating to relationships, such as a divorce, an injury or accident, or work related issues. These types of consultation are significantly different than the usual assessment or therapy someone may request and often the information obtained in a test, assessment or during therapy is not useful in court testimony due to the manner in which it was obtained. I understand such services are billed at a significantly different rate determined by medical associations in BC

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(\$225.00 per hour) and are billed in 1/2 day intervals. Fees for legal services are paid in advance. This type of assessment or Psychological service (legal) should be arranged through your legal representative. **Any testimony or witness services are only provided as an "expert witness" for these services, and not as a "fact witness."** I have discussed this difference with Dr. Roche, understand this and agree to this understanding. If I currently am involved in a legal matter, have an attorney, or expect to be involved in a legal matter, I have informed Dr. Roche.

I am not involved in any legal matter, and understand I will bear the cost for any such services, paid in advance, as outlined above.

Initial _____

Legal Issues and Couple's Therapy

Sometimes couples involved in therapy decide to separate or divorce. This often leads to issues of who owes the rights to the "therapy notes." To protect couples in therapy I take notes with as little information as necessary. Often, after a session I take my session notes, transcribe them into a short form containing only the necessary information, and destroy the notes taken during a session. Therefore, if you request notes, only these brief summary notes will be available. Also, you need to understand either member of the couple may request these notes and permission will not be sought from the other member of the couple. Finally, should I be called to provide information, or any sort, in a legal action by one member against another, both agree to be fully responsible for the full cost of my services which are billed at a 1/2 day rate of \$225 per hour.

Initial _____

Contact

I understand that email contact is not necessarily confidential, occasionally emails go to the wrong person, or may be read by someone when a computer is left on etc. Understanding these limits and that messages will state they are from Dr. Roche I have also agreed to receiving email/SMS/phone message appointment reminders.

Recording of Session

I agree that at no time am I keeping recordings of sessions, testing or phone conversations. I understand this is a breach of this contract, and a breach of confidentiality. Further, I will not share information about testing procedures or materials that may be used during sessions. Tests and procedures are copyrighted materials and while I expect to get test results and an explanation of the procedures, I will not be requesting (nor will my legal representative request) copies of the test protocols. I also agree not to disclose procedures or test items that I may have taken during an assessment.

Consent

I have read and understand this statement. I have had sufficient time to consider this statement carefully, and have asked any questions about it that I needed to. I am over the age of majority (19) and competent to give my informed consent and agreement.

I agree that a digitized copy of this form will serve as evidence of its completion, and understand original copies of all documents are digitized and then destroyed.

Accordingly, I consent to me or to my ward being provided with psychological services by Dr. James Roche, R. Psych, 01610.

Signature _____ Date _____

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Dr. James Roche, R.Psych, CPBC#01610

Signature _____ Date _____
(spouse or child)

Address _____

Phone _____ email _____

Ward/Child's Name _____ Age _____

A COPY OF THIS FORM IS PROVIDED, OR YOU MAY EXAMINE AND PRINT IT OUT IT FROM MY WEBSITE

.....
FOR DOCTOR'S USE ONLY BELOW THIS LINE

Witness _____ Date _____

NOTES:

Did the patient present as competent and capable of agreeing to consent to treatment as outline above?

_____ Initial _____

Supplemental Agreements

Date: _____

Agreed to share information with _____

Other:

Signature _____

Supplemental Agreements

Date: _____

Agreed to share information with _____

Other: