

Informed Consent for the Provision of Psychological Services

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

Practicing in the Fields of Behavioural and Neuropsychology

I, (print name) A _____

If you're here with someone: B _____

If you are here about your child,
please enter your child's name: C _____

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 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.

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. I am also required to report dangerous work conditions to WorkSafeBC.
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

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information about the services other than “psychological services.” This would be shared with a collection agency, bank or similar entity.

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 any time 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 are completed at the hourly rate.
- Some services, such as assessments (psychoeducational assessment, testing for ADHD or autism) are billed as a procedure, and not hourly. Billing cannot, in those cases, be done on a strictly hourly basis.
- Payment for testing needs to be made prior to testing. We usually request a 50% payment at that time. Receipts for services are made out to the individual receiving the services only. Some insurance companies restrict total payments, payments for assessments and limit the number of hours per day they will pay for. Please check with your insurance provider.

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Other Matters

CONSULTATION: 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. At all times my confidentiality will be preserved. This usually means no significant identifying information is shared.

PSYCHOLOGICAL ASSISTANTS: I understand that Dr. Roche uses psychological assistants to complete some testing and assessment. I may ask about their training, education and background, and agree to their participation in any assessment I might undergo. Both of Dr. Roche's assistants are credentialed school psychologists and have undergone police checks for working with vulnerable persons. They are employed by local school districts.

CHILD CUSTODY: **If a child is being seen and only one parent attends I understand that I must have appropriate legal custody, and the other parent has been informed and consents to the assessment procedure or treatment.** Please initial if you have full custody, and that the other parent is properly informed and agrees to the assessment or treatment:

If appropriate, please sign here: _____

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 a work related issue. 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 (\$250.00 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" 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.

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. In the case of psychoeducational assessments you agree to be contacted by Dr. Roche's assistants.

Testing Materials

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 themselves. I also agree not to disclose procedures or test items that I may have taken during an assessment.

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Forms Completed by Others

Sometimes, with your consent, we might ask someone else to complete a questionnaire about you, such as an ADHD questionnaire, or a form about a student's academic and behavioural performance. We request these from a teacher, spouse or other individual only with your consent and with an understanding that the responses will be confidential. We do not share those responses with you, however, if you question their validity, we will discount them.

Information Stored on Canadian and United States Servers

I understand that some information about my child may be stored on computer servers of test publishers either here in Canada or in the United States. Many tests used in psychoeducational and related testing require on-line scoring to take place. This information is always encrypted and password protected. Dr. Roche will use, whenever possible, numerical identifiers to further protect this information. All questions about this issue have been answered to my satisfaction.

Consent

I have read and understand this form. I have had sufficient time to consider it 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 the above

Signature _____ Date _____

Signature _____ Date _____
(spouse or child)

Address _____

Phone _____ email _____

Ward/Child's Name _____ Age _____

DOB of child _____

Is your child in a French Immersion or similar program? ____ Yes ____ No

Is English the first language in your home? ____ Yes No, other: _____

Other information you want us to know:

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A COPY OF THIS FORM IS PROVIDED, OR YOU MAY EXAMINE AND PRINT IT OUT FROM MY WEBSITE (www.relatedminds.com)

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FOR DOCTOR'S USE ONLY BELOW THIS LINE

Witness _____ Date _____

NOTES:

Did the patient present as competent, understand the terms of this statement and as capable of agreeing to consent to treatment as outline above?

Initial _____

Supplemental Agreements

Date: _____

Agreed to share information with _____

Other:

Signature _____ Date: _____

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PERMISSION TO SHARE HEALTH INFORMATION

I (NAME) _____ am requesting that a copy of my medical/educational/psychological/treatment history, including any testing, assessment results Be forwarded to Dr. Jim Roche, Registered Psychologist, who is currently providing

_____ Psychological Services _____ Assessment Services _____ (other) _____

To me, or my child (Name) _____. Please forward these records by either mail or email. Email copies should be provided to relatedminds@gmail.com in an encrypted format with the following password:

_____. Records may be mailed to:
Dr. Jim Roche 501-3292 Production Way, Burnaby, BC V5A 4R4

_____ signature _____ date