

Consent form

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Name of the client (14 years and older) or child: _____

This consent form explains the nature of the evaluation/intervention/therapeutic services in psychoeducation that your child, adolescent or you (14 and over) are about to receive. As consent is an ongoing process, any changes that may influence your consent will be discussed with you.

Clinical approach: Psychoeducational interventions are based on various theoretical approaches, such as behavioral, cognitive-behavioral and developmental psychopathology theories. The psychoeducator has a broad and in-depth knowledge of human adaptation, particularly for people with difficulty.

- (i) **Initial visit, evaluation, and treatment planning:** Approximately 1-3 sessions (Written reports will have an additional fee of 1-3 hours).
 - (ii) **Intervention:** Intervention length depends on many factors such as the nature of the difficulties and readiness for change.
 - (iii) **Termination:** Approximately 1-2 sessions to assess progress, review the skills/strategies acquired, and provide future recommendations.
- ****Treatment effectiveness varies from person to person.

Location of Services:

I hereby agree to be provided with therapeutic services in the following platforms:

- Off-site as per agreement: _____ (name of establishment)
- Teletherapy session
- In-clinic

Only for off-site evaluations for children aged 2-5:

- (i) Initial visit: 30-60 minute phone call with parents
- (ii) Assessment sessions: 1 to 2 direct assessment sessions
- (iii) Report writing: 2 hours for scoring questionnaires and tests and writing up report results.
- (iv) Feedback session: 30-60 minutes to discuss assessment results and provide recommendations and adjustments.

**Additional fees will be added depending on the type of assessment.

Session Length:

In-clinic sessions are approximately 50 minutes in length. Every effort is made to adhere to the scheduled appointment time. Sessions are expected to conclude no later than 10 minutes before the hour. If a client arrives late, only the remaining time within the session will be completed.

Cost, Payment, and Fees

- The cost per session will be \$ 160 plus tax (initial session) and \$110.00 plus tax (follow-up sessions).
- The cost of the evaluation will be: 4.5 hours: plus transport: 0.68\$ per kilometre

The cost of a screener and an intervention plan will be 2.5 hours _____ 0.68\$ per kilometre

Payments can be made by cash, debit, e-transfer, or credit card. FORTY-EIGHT (48) full hours' notice is required to CANCEL OR RESCHEDULE an appointment to avoid being billed an administrative fee for the full cost of the missed session. THE ONLY EXCEPTIONS ARE UNEXPECTED ILLNESS OR EMERGENCIES.

***Additional fees may apply in the case of supplementary services. Parents/guardians or clients (14 and over) are welcome to call if they have any questions in relation to fees and services.

Client files:

The professional must keep a confidential client file. The file must be kept in a secure locked location. Only the client (14 and over) or parent/ legal guardian have access to the client file and no one else may have access to it without written consent. The professional is responsible for preserving the client file for a minimum of five years after the termination of services.

Confidentiality:

The professional is obligated to maintain the confidentiality of any information disclosed during the course of their professional practice. However, there are exceptions to professional secrecy, including:

- (i) When children are under 14 years of age and their parents/legal guardians request access to the client's file ;
- (ii) Risk of imminent danger such as suicide, death, risk of a child running away, or serious bodily harm to an identifiable person or group;
- (iii) Suspected or known abuse or neglect of a child or older adult;
- (iv) Instances where there is evidence of unsafe operation of a motor vehicle;
- (v) Requests mandated by a court of law or a professional order;
- (vi) Access required by other personnel (e.g., administrative staff) in the performance of their professional duties or;
- (vii) Therapists must, as soon as the interest of their client so requires, receive supervision, consult another therapist, a member of another professional order, or another competent person. Disclosure of identifying information will be minimized, and names will not be released without consent.

*** The law allows a client (14 and over) or parent (or legal guardian) to have access to the file.

Mutual rights/responsibilities:

The therapeutic relationship must maintain a respectful and professional framework. You, your child, or adolescent have the right to refuse any therapeutic suggestions that are offered or to choose to suspend or terminate treatment at any time,

Please mark initials here : _____

Termination:

The client (aged 14 and over) or parent/guardian retains the right to terminate services at any time. If you decide to discontinue treatment for any reason, it is important to inform the professional so that appropriate steps can be taken, such as closing the client's file or making a referral if deemed necessary.

- If services are terminated without an explanation, the file will automatically be closed after 30 days.
- If services are terminated before the completion of an evaluation, there will be no report issued (full or partial).
- If services are terminated, any outstanding monetary amounts will be paid by _____ (name of daycare/institution or client) for services rendered or scheduled to take place in less than forty-eight (48) hours must be paid in full.

Communication with professional:

The client (aged 14 and over) has the option to communicate with the professional through various methods (telephone, email, and a client portal).

***Please be advised that different professionals (Psychologists, Neuropsychologists, Speech and language pathologists and Psychoeducators) will be sharing the phone line. Therefore, in case of emergency, please use more inclusive forms of communication (e.g., email or client portal). If there is immediate risk to either the client or others, please seek immediate emergency services or call 9-1-1 for assistance.

Risk of using electronic communication:

The Professional will use reasonable means to protect the security and confidentiality of information sent and received using electronic communications. The professional cannot guarantee the security and confidentiality of electronic communications. Recordings are not acceptable without the permission of the client (Parent/Guardian) implicated. Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the professional and/or the client (14 and over) or parent/guardian. The professional is not responsible for information loss due to technical failures associated with your software or internet service provider. **Quebec is exempted from the "Personal information protection and electronic document act (PIPEDA), the professional still applies the regulations of PIPEDA along with the "act respecting the protecting of personal information in the private sector", see <http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/P-39.1> for more information.**

Teletherapy disclaimer:

Teletherapy will be provided on one of the following platforms: ZOOM /TEAMS/ OWL. The client (14 and over) or parent/guardian can, at any time, change the method of teletherapy provided, upon providing a written notice.

Informed consent (custody and divorce):

In accordance with the Civil Code of Quebec, both parents or guardians must provide consent for any and all services received by a child/adolescent. A signature from either parent is considered valid for providing consent. In the case the parents are divorced or separated, both parent must sign the consent form. Only a certified copy of the formal court decision (judgment) stipulating that only one parent has full custody can be accepted to confirm such statement.

Should the marital status change/ the custody arrangement of my child/adolescent change at any point over the course of the services, I agree to inform the professional immediately of the relevant change.

Exchange of information:

I hereby authorize (see below) to obtain and divulge any required information concerning myself (client 14 and over) **OR** my child, adolescent .

Family Physician/Pediatrician

Physician's Name: _____

Name of Clinic where he/she works: _____

Telephone Number: _____

Address: _____

Health professional(s) or organization

Professional's Name: _____

Name of Establishment where he/she works: _____

Telephone Number: _____ Address: _____

The present authorization is valid for a duration of _____ days following the signature of the authorized individual.

According to the code of ethics, the professional must wait a period of 15 days before sharing information with third parties, period during which time the client may revoke their consent. However, the client may renounce to such rights to permit for more efficient exchange between professionals. To renounce for such rights, please mark initials here:_____

Consent to treatment:

I have read and understood the above information, and any questions that I had have been answered. I agree with the above consent form, and freely consent to have myself (client 14 and over) OR my child, adolescent receive psychological services.

Name of professional: Elizabeth Triassi MA.FLE. Ps.éd

Today's date: _____

Profession: **Psychoéducation 23647-23 et Psychopédagogue #NA-4367 (naturothérapie)**

Name of client (14 and over) or child: _____

Signature: _____

Parent/guardian/ client (14 and over): _____

Signature: _____

Parent/guardian/ client (14 and over): _____

Signature: _____