

## **INFORMED CONSENT FOR TREATMENT**

*The purpose of this form is to share some important information so your decision to proceed in working together can be based on accurate, informed expectations. Please read this carefully and feel free to ask questions if you need clarification. Informed consent is the client's full and active participation in decisions that affect them, and freedom of choice based on the information shared. Please initial each section (box) and sign and date the last page, confirming you have read and understand the consent. **The client has the right to refuse and/or withdraw from treatment at any time.***

### **Treatment Services:**

I am a psychologist who is fully registered with the *College of Psychologists of BC*. I have a Ph.D. in clinical psychology and my practice involves working with individuals who have different clinical and/or rehabilitation issues.

Psychological treatment is not always easily described, and it varies depending on the problems you bring to each session. It involves an active effort on your part. For therapy to be successful, it is important that you work on issues both in the sessions and between appointments. Psychological treatment can have benefits and risks. You may experience uncomfortable feelings and talk about unpleasant aspects of your life. You may be faced with difficult decisions. On the other hand, treatment has been shown to have many benefits for people who go through the process. Good therapy feels like work but at a manageable pace. We work together on your goals and to find relief and better coping strategies.

Our initial session or two will likely involve an evaluation of your needs. By the end of the evaluation I will be able to offer some ideas of what our work will include if you decide to continue with therapy. It is important that you evaluate this information along with your own opinions about whether you feel comfortable working with me. Therapy involves a commitment of time, energy, and money. We can always discuss this process and the change in treatment as it evolves whenever the need arises. If you prefer, we could discuss referral to another psychologist.



### **Confidentiality & Its Limits:**

One of the most important rights the client has involves confidentiality. Please note, I neither engage in nor do I consent to any audio or visual recording of treatment sessions to protect privacy. As well, I do not interact with clients through any form of social media (e.g., Facebook). Finally, if I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first.

Information revealed during the sessions will be kept strictly confidential and will not be revealed to any other person or agency without your written permission, with the following exceptions:

- If information is provided where there is reason to suspect abuse, neglect, or molestation of a child, I am required by provincial law to report this information to the appropriate agency.
- If I receive a valid court subpoena, I am legally required to submit the information to the appropriate authority.
- In the event of a medical or psychological emergency (e.g., clear intention to harm yourself or another person), I may need to reveal information obtained during the sessions to another person or agency without your permission.
- If there is reason to suspect you are operating a motor vehicle in an unsafe fashion, as per the *Motor Vehicle Act*.

- If you authorize or direct me to release the information to a third party. Release of any information is sent within the guidelines set out by the *College of Psychologists of BC*.
- I occasionally consult with colleagues from time to time to gain assistance an insight in providing quality service. In this consultation, every effort is made to ensure confidentiality of the client.

It is my standard practice to discuss with you in advance when possible if there is a need to disclose information under any of the above circumstances.



As part of routine practice Dr. Bubber may on occasion consult with colleagues regarding cases. If she does so regarding your situation, it will be done for the purpose of benefiting you and your confidentiality will be preserved

### **Client's Rights and Responsibilities:**

As the client, you have the right to ask questions about my training or credentials as well as discuss any aspect of the treatment approach, concepts or techniques. You also have the right to refuse any suggestions offered and/or end our treatment sessions at any time, though I do ask that you participate in a final session.

If you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may contact the *College of Psychologists of BC* (which is an organization whose purpose is to regulate the profession of psychology) to discuss how to file a complaint.



### **Fees and Appointments:**

The standard treatment fee is \$190.00 for a 55-minute session payable at the end of each session (by cash, debit, cheque or credit card).

If you cannot make the scheduled appointment, please contact the office as soon as possible. I require a minimum of 24-hour notice of cancellation. The office hours are 9:00 am to 5:00 pm Tuesday through Thursday but you can leave a message at any time. **Unless your missed appointment is due to serious illness or an emergency, you will be charged a fee of \$190.00.**

By giving two weeks' notice, you as the client may have access to your clinical records and may obtain a copy of those records. The fee for this service is \$100.00. If you require letters or documents with respect to any legal matters, the fee will be based on my hourly rate of \$190.00.



### **Protection of Privacy:**

The Personal Information and Privacy Act (PIPA) outlines how BC businesses, including psychologists in private practice, may collect, use and disclose personal information. My files are therefore kept in a locked filing cabinet inside a locked office which is only accessed by myself and my assistant (if directed by me). As part of the employment contract, my assistant signed a non-disclosure agreement. This file is typically kept for a period of seven years after our last contact. It is then destroyed in secure manner.



### **Office Hours and Emergencies:**

The office hours where someone is available to take your phone call is Tuesday, Wednesday and Thursday only from 9:00 am to 5:00 pm. Voicemail messages can be left Friday through Monday but will not be retrieved until Tuesday. Therefore, if there is an emergency between sessions, please contact your family physician, the local hospital emergency, **911** or the Crisis Line at **604-852-9099**.



**Forms of Contact and Absences:**

I am in the office Tuesday, Wednesday and Thursday only and can be reached at the office number: **604-859-7774**. On Mondays and Fridays, I can be reached via my mobile phone between 9:00 am and 2:00 pm (**604-839-9992**).

I do not use texting in my practice except for administrative purposes only as I find it too difficult to communicate as part of good clinical practice. My email address is [cinny@cinnybubber.com](mailto:cinny@cinnybubber.com). I try to limit clinical communication as it is not always a secure method of communication. Like phone calls, I review and answer emails during business hours Monday to Friday. I cannot be reached by email in an emergency. Email correspondence is printed and becomes part of your clinical file.

When I am away from the office, I will indicate on my voicemail and email how frequently I will be retrieving messages. If I am away for an extended period, I will arrange and inform you of the psychologist who will cover my practice. Should it be necessary, this psychologist may need access to your clinical file.

**Acknowledgement and Consent:**

With your signature below, you indicate you read and understood this consent form and that any questions you had about the consent form were answered to your satisfaction. You also acknowledge that you are age 19 or older. You therefore agree to accept the services offered and a copy of this form is provided to you for your own information.

---

 Client Signature

---

 Date

---

 Cinny Bubber, Ph.D.  
 Registered Psychologist #01192

---

 Date