

## **POLICIES AND CONSENT FOR SERVICES**

### **HOURLY RATE AND PAYING FOR SERVICE**

Psychological services are billed at \$140.00 per therapy hour (50 minute session). Please be aware that private therapy and assessment services are not covered under Nova Scotia's MSI program. Many supplementary healthcare plans pay all or a portion of the costs of seeing a therapist. Talk to your insurance carrier or employer to see if you are eligible. We accept payment by Cash, Cheque, Money Order, Visa, MC, or Debit. Private pay clients are required to pay the fee at the end of each session. Receipts will be provided. We do not offer direct billing to insurance companies. Please Note: A \$42.50 service charge will be added to NSF cheque.

### **OTHER CHARGEABLE ACTIVITIES**

In addition to therapy and assessment sessions, we may bill for: phone calls and emails pertinent to therapy with a client or other relevant parties, reports, letters, case conferences, meetings and school/home visits, and travel time. You will **not** be billed for chargeable activities unless you are informed prior to these activities being conducted.

### **LATE CANCELLATIONS AND "NO SHOWS"**

Appointment times are reserved for your exclusive use and it is your responsibility to provide us with at least 24 business hours' notice of cancellation, which allows us to offer the time to another client. Appointments may be cancelled by phone and if you need to leave a message, our phone system will verify the time of cancellation. While the usual charge for late cancellations or "no shows" is billed at the regular hourly rate, please check with your therapist to determine their particular policy.

### **CONSENT**

Consent refers to your right to decide whether or not to receive our services and the duration and nature of those services. This decision needs to be based on an accurate understanding of the clinician's responsibilities, your rights as a client, and potential risks and benefits as they relate to the provision of services. We treat consent as an ongoing process and will make every effort to inform you of issues that might influence your decision to consent. You have the right to ask any questions, at any time, about the nature of assessment or therapy, and to receive answers that satisfy you.

### **PRIVACY**

Privacy refers to your right to decide the time, circumstances, and extent to which your personal information is shared with others. We need your consent to obtain your pertinent information (such as address and telephone number) required to provide the clinical service that you have asked us to conduct.

The information you provided shall be used solely for the following reasons:

- To keep track of your referral information for administrative purposes.
- To give billing information required by a third party to pay for services.
- To provide information to a third party when referring for treatment (with your written consent).

## CONFIDENTIALITY

Information contained in therapist's files is not released without your informed written consent except in circumstances where he or she is ethically and legally required to disclose information to others without your consent. Clinical files are maintained for a minimum of ten years and after that time period, they are destroyed.

### Cornerstone clients are asked to consent to the following conditions:

- Clients should be aware that details related to their therapy sessions may be discussed with other psychologists on the Cornerstone Team. Clinical consultation is standard practice within the psychology profession. It helps to ensure optimal client care and effective provision of services.
- In certain exceptional circumstances, therapists are ethically and legally required to disclose information to others without your consent. These circumstances include court order, suspicion of child abuse, and instances where the client poses an imminent threat of injury to themselves or others. In circumstances where a client poses an imminent threat to himself/herself or others, the therapist will act to protect the person(s) in danger by informing the police, medical or other clinical personnel.
- If services are being paid for by a third party, there may be requirements to share information with this party.

### *Special Considerations for Children and Adolescents*

In Nova Scotia, any person under the age of 19 is considered a minor. The competence of minors to provide informed consent to services is not assumed and parental or guardian approval is often needed. The legal guardian in such cases has a right to know all aspects about those services. However, as children grow more able to understand and choose, they assume legal rights. An individual may be considered a **mature minor** if it is judged that they can understand and appreciate the nature and consequences of their decision and its alternatives. In such cases, the details in things they discuss may be treated as confidential. However, parents or guardians do have the right to *general* information, including how therapy is going. Although there is no set age limit for an individual to be considered competent to give consent, mature minor status is typically considered during adolescence and on a case by case basis.

The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented above.

\_\_\_\_\_  
Signature of Client (or person acting for client)

\_\_\_\_\_  
Printed name of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed name of assigned therapist

\_\_\_\_\_  
Date