

PSYCHOLOGICAL SERVICES AGREEMENT: WCB CLIENTS

Confidentiality

In providing you with psychological services such as assessment and therapy, it is very important that you can speak openly with your Psychologist to benefit from the service. To encourage this openness, your Psychologist agrees to keep the information that you share with them confidential. This means that information shared during therapy will not be shared with anyone without your consent with exception of the information below, which must be shared with the Worker's Compensation Board of Nova Scotia (WCB) given your therapist's contractual agreement with them. To provide you service which is covered by Worker's Compensation, WCB may require:

1. A detailed initial assessment report from your Psychologist after the first session. This assessment will include diagnoses and treatment plans; information about your mental health status at the first session; and, as required by WCB, will also have an occupational focus.
2. Progress reports every two weeks or such other period as the WCB may specify, which includes progress towards the work goal.
3. A final report to the WCB within one (1) week of your termination of therapy, including your return to work status.
4. You should be aware that according to law, WCB could request any other information from services you receive that are covered by them.

To protect the safety of vulnerable persons or your own safety, and in certain other unusual circumstances, further exception will be made to this confidentiality agreement. The following situations may require your Psychologist to share pertinent information with another party:

1. If you present a risk of safety to yourself or others, this may be reported to others who can ensure or maintain your safety or the safety of others.
2. If you disclose knowledge that yourself or another person under the age of 19, an elderly person, or any other vulnerable person may be at risk of harm (e.g., physical, verbal, sexual abuse or neglect), this will be reported to the appropriate Child or Adult Welfare agency.
3. If you sign a release of information for a third party such as a physician, social worker, lawyer, insurance company, etc., the information will be released as requested. (Please note: for clients being seen as a couple or family, release of information requires written consent of all family members involved in therapy. Information cannot be released with only one person's signature.)
4. If you make an ethical or legal complaint against your Psychologist, they are not bound to keep information related to the complaint confidential. This is to allow them to explain their behavior in the appropriate legal forum.
5. If a court judge subpoenas your file, or as otherwise required by law.

Other information about our psychological services

Your Psychologist is professionally required to keep records of their contact with you. These records will be kept in a secure locked filing cabinet.

1. Your name, address, phone number, email address and family physician's name will be stored in the LHA Inc. practice management software. This software complies with provincial and federal privacy standards for health information. Technical support and administrative staff may be able to view your information if the need arises. These staff members have signed confidentiality agreements and will not access this information unless necessary for administrative or IT support functions.
2. Neither the Psychologist nor client will take audio or video recording of sessions without written consent from both parties.
3. There is a fee for psychological services, which will be covered by the WCB **except** in cases where you miss a scheduled appointment with less than 24 business hours notice of cancellation. In these cases, **you** will be charged the fee of \$180.00 per hour booked. Exceptions can be made for extenuating circumstances, at your Psychologist's discretion.
4. Your Psychologist books appointments on specific days and has only limited evening hours. This means you may not always get your first choice of appointment times.
5. Your Psychologist is only available on a limited basis by telephone between appointments. They will discuss other options for you to access immediate assistance in the case of an emergency.
6. Although we take precaution to minimize risk of breach through our office email, we cannot eliminate that risk. Please be aware that email communication can be intercepted in transmission or misdirected. Consider communicating any sensitive information by telephone, fax, or mail.

I have read the above information and /or it has been reviewed with me. I understand the limits of confidentiality and the terms of receiving these psychological services. I accept them and consent to psychological services.

Client Signature: _____

Client Name: _____

Signature of Legal Guardian (if applicable): _____

Date: _____