



### **Assessment and Therapy Agreement**

Welcome to the West Island Therapy Centre. We are a team of psychologists, psychotherapists, social workers, and educational consultants working together in a practice focused exclusively on improving lives. The process of having an assessment or receiving therapy at the West Island Therapy Centre begins with your trust in and commitment to the process. Our commitment, to you as your psychologist or therapist, is to help you develop further insight and understanding into your situation.

#### **Initial Appointment**

Your initial appointment is considered a diagnostic interview. The information you share on this first visit will prepare the psychologist/therapist with valuable information to help create therapeutic goals and information gathered will help to structure evaluations.

For those clients having their child assessed, please bring copies of recent report cards and any reports of previous assessments of any kind (e.g. psychological, psychiatric, speech and language, OT). If your child has an IEP (Individual Education Plan), please bring a copy of this as well.

For those clients in therapy, we will discuss an action plan and therapeutic approach that works best for you or your family members. We will also discuss the frequency of our therapy sessions (weekly, bi-weekly, etc.), and schedule your next appointments.

The client should be aware that the practice of psychotherapy is not an exact science and that results cannot be guaranteed. The client is strongly encouraged to provide accurate information about themselves to their clinician so that they will receive effective treatment. The client may terminate treatment at any time.

#### **Appointments**

Each therapy session lasts approximately fifty minutes. All appointments are scheduled directly with our office, in person or by phone. If you need to cancel or reschedule an appointment, please give as much notice as possible. **Except in cases of emergency, you will be charged the full rate of the missed session for appointments not canceled or rescheduled at least 24 hours in advance.**

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Testing sessions vary in length from fifty minutes up to two hours at a time. The length of the sessions depend on various factors, including the age of the client and the nature of the assessment. The number of sessions required to complete an assessment also vary depending on the type of evaluation requested. The specific booking details regarding the number of testing sessions required and the length of each session will be discussed and confirmed with our administrative assistant or directly with your psychologist.

Once testing sessions are complete, the psychologist will meet with you for feedback to discuss your child's results. A written report will be completed, outlining the results of the assessment and the recommendations for intervention. You will receive a copy of this report. With your written permission, copies of the report can be sent to professionals involved with your child such as other therapists, or your child's school. Our psychologists will also remain available to you and your child for consultation or follow-up as needed.

### **Professional Fees:**

Our administrative assistant will gladly take the time to review our fees with you. At the time of your intake, your psychologist or therapist will also review their fees with you. Unless other arrangements have been made, all fees related to therapy are due at the time of service. For evaluations and assessments, the fees are due in two installments. You will receive receipts after each session, which you may use to submit to your insurance company for reimbursement.

Your psychologist/therapist may also charge you for other professional services you may need, and will let you know verbally or in writing what the fee will be before providing the service. No fee for non-therapy services will ever be charged without your knowledge and approval ahead of time. Other services include letters or forms to be completed, reports, telephone conversations, school visits, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that require participation by your psychologist/therapist, you will be expected to pay for all of the professional's time, including preparation and transportation costs, even if the psychologist/therapist is called to testify by another party.

### **Contacting Your Psychologist or Therapist:**

Due to work schedules, your psychologist or therapist is not available by telephone. Our administrative assistant will make every effort to return your call or email within 24 hours with the exception of weekends and holidays.

In emergencies, please contact your family physician, call 911, or go to the nearest emergency room. You should also leave a message on our voice mail, and we will do our best to return your call as soon as possible. However, you should not wait for us to return your phone call. As a private practice, we are unable to provide emergency crisis intervention. If your psychologist or therapist will be unavailable for an extended period of time, they will provide you with the name of a colleague for you to consult, if necessary.

### **Limits on Confidentiality:**

The law protects the privacy of all communications between a client and psychologist or therapist. In most situations, we can only release information about your treatment to others if you sign a written authorization form. A parent who consents on the minor's behalf generally has

the right to know the content of the child's treatment up until the child's 14<sup>th</sup> birthday.

There are some situations where we are permitted or required to disclose information without either your consent or authorization:

- If a client threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- If a patient communicates a threat of physical violence against a reasonably identifiable third person and the client has the apparent intent and ability to carry out that threat in the foreseeable future, we may have to disclose information in order to take protective action. These actions may include notifying the potential victim (or, if the victim is a minor, his/her parents and/or the Department of Youth Protection), and contacting the police, and/or seeking hospitalization for the client.
- If we have reasonable cause to suspect child abuse or neglect, the law requires that we file a report with the Department of Youth Protection.
- Parental permission is always obtained prior to any report being circulated outside of the clinic.

**Assessment and/or Therapy Consent:**

I acknowledge that I have received, read, and understand the “Assessment and Therapy Agreement”. I certify, with my signature below, that I agree to comply with all of the policies and procedures outlined in these documents.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signature Date

If client is a minor:

\_\_\_\_\_  
Parent/ Guardian Signature Date

\_\_\_\_\_  
Psychologist / Therapist Signature Date



**Consent To Release of Information**

I, \_\_\_\_\_ hereby authorize, \_\_\_\_\_  
to release any information and obtain with \_\_\_\_\_.

Name of client: \_\_\_\_\_

Signature: (client or of parent if client is a minor) \_\_\_\_\_

Signature: (psychologist or therapist) \_\_\_\_\_

Date: \_\_\_\_\_

Thank you

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