



**Department of Educational and Counselling Psychology
Département de psychopédagogie et de counseling**

Faculty of Education
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Informed Consent - Counselling

Client Name: _____

Client Code: _____

Trainee Name: _____

Trainee McGill ID: _____

Supervisor Name: _____

Supervisor OPQ License number: _____

Clinic Description

The McGill Psychoeducational and Counselling Clinic (MPCC) is a teaching and training unit of the Department of Educational and Counselling Psychology. The Clinic offers services to the community, facilitates professional training in Educational and Counselling Psychology, and supports related research. Services are offered to children, adolescents, and adults, by Masters and Doctoral students under the supervision of the faculty in the Department. Every effort is made to provide the highest quality of services and when required, to provide appropriate referrals to other resources.

Fees

We strive to make our services accessible for everyone and as such, our fees are well below standard rates in the community. Fees are set at \$40/session (50 min) for counselling and therapy services. If for valid reason these fees add to your financial burden, ask your service provider about the Clinic Fee Reduction Policy. Fees are paid at each session via Interac e-transfer to ecpclinic.education@mcgill.ca.

Cancellation policy

If it is necessary to cancel an appointment, clients are required to provide 24 hours' notice. If 24 hours is not provided, the Client will be charged the full session fee per missed session. This cancellation fee is required to be paid promptly at the Client's next visit to the Clinic. *This cancellation policy applies to both counselling and assessment services.*

Tardiness

Clients who are late will be charged the full session fee and the appointment will end at the scheduled time.

Client records

All Client files are saved on McGill University IT systems and are kept confidential. Access to records is available only to authorized trainees, faculty, and staff members of the Clinic. Files are deleted five years after the last Client contact. All reports are written and provided in English.

Audio/video recordings

Audio or video recordings of a session are made for the purpose of training. As part of ongoing supervision, video and audio recordings are periodically reviewed by faculty, or graduate students enrolled in the Counselling Psychology programs. Video/audio materials, like written reports, cannot be released without the Client's written consent. Audio/video recordings are destroyed after supervision or by the end of the second semester (mid/end of April).

Outcome Rating Scale (ORS)

We are very interested in making sure that our clients get the results they are looking for. For this reason, we invite our clients to participate in monitoring their progress. The clinic has adopted a formal procedure for monitoring this with "The Outcome Rating Scale (ORS)." This scale takes about a minute to fill out, which will be conducted at the beginning of each session. This is not mandatory in order to receive services from the clinic.

Teaching/supervision of clinical services and Trainees

Client files may be reviewed in the context of individual or group supervision for the education and training of our students. When client information is shared in the context of group clinical supervision, all efforts are made to protect the identity of the client. The clinical supervisor and other trainees may interact with the client or observe sessions between the client and the trainee named on page 1 for training/learning purposes.

Emergency services

Since all our services are by appointment only, availability of staff varies from day to day. The Clinic is not equipped or staffed to handle emergencies. In the event of an emergency, call your CLSC or go to the emergency room of your local hospital.

Confidentiality

All client information is kept strictly confidential. No information will be communicated to a third party without your permission. When records (i.e., reports) are requested by a third party (e.g., school, doctor, insurance), your written authorization is required before any information can be released.

Please note: There are limits to confidentiality determined by the law. An example of this is if a client discloses information that suggests imminent harm to self or another individual.

Please note: Also, any information regarding child abuse/neglect, etc., of a minor, must be by law reported to the DPJ (child protection services). This does not include a victim of child abuse that has reached the age of majority disclosing past abuse, unless there is still a minor at risk.

Please note: Confidentiality also does not apply if the law demands that information from a client file be disclosed (e.g., in the case of a criminal investigation).

In-clinic therapy: If you are being seen in the Psychoeducational Clinic, it is important to remember that you must wear a mask (transparent ones will be provided) and you must keep a distance of 2 meters while in the therapy room. Your therapist will inform you about all seating arrangements in order to insure this distancing.

Telepsychology

Some sessions will still be conducted using telepsychology. This will only be done with your verbal agreement. By consenting to telepsychology services, you agree that all options besides telepsychology have been presented to you (i.e., Deferring services to another time, retracting your request for service, etc., being seen only in the clinic). There are certain limitations to this practice that need to be understood and it is important to take certain steps to address these limitations. Thus, before beginning a follow-up in telepsychology, the psychotherapist in training will agree with you on the process to be followed.

The psychotherapist trainee will take any necessary measures to ensure the confidentiality of telepsychology meetings. Although every measure is taken to destroy all traces of telepsychology encounters from computers (e.g., erasing browser history; delete videos from IT systems), the type of software used cannot guarantee absolute confidentiality and breaches of confidentiality beyond the psychotherapist trainee's control are possible. You must also ensure that you take the necessary measures to ensure the confidentiality of your information with regard to the software used on your computer and your computer data management. It is important to choose a place where you will not be disturbed by other people, (e.g., noise or any other distracting element) for the duration of the meeting. It is important to use a computer or electronic device that ensures your privacy when possible (personal & non-public device).

For more information about telepsychology, you can consult the document from the Ordre des psychologues du Québec (OPQ) entitled: Guide de pratique concernant l'exercice de la télépsychologie, which the psychotherapist in training can give you on request or which you can find on the OPQ website. E-mail services (e.g., Gmail, Hotmail, Yahoo, etc.) cannot guarantee the confidentiality of your communications. Thus, if you communicate with the psychotherapist in training by e-mail, you recognize that the confidentiality of the information transmitted may be compromised. However, you should know that the psychotherapist in training will use all possible means within their reach to ensure the protection of all information transmitted this way.

The Order of Psychologists requires that all psychologists/clinics make the following three documents available to all persons receiving any form of therapy and/or assessment:

<http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/C-26,%20r.%20212/>

<https://www.ordrepsy.qc.ca/english/account-conciliation>

<http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/C-26,%20r.%20221%20/>

Informed Consent

To be completed by all Clients and Parents/Guardians

A staff member has described and explained the services provided by the McGill Psychoeducational and Counselling Clinic and has provided me with a copy of the consent form. I understand the contents of this document and participate freely in the services that are provided. I am aware that the Clinic has a policy for fee reductions for those Clients who meet the criteria for reduced fees. I understand that I may terminate these services at any time.

Signature of Client or Parent/Guardian: _____ **Date:** _____

PLEASE PRINT; Last name, First name: _____

☐ I have been given a copy of this consent form.

Children

To be completed for Clients <14 years of age

I _____ (PLEASE PRINT; Last name, First name of Parent/Guardian) have read and understand the above information and consent to the assessment/treatment of my child, _____ (PLEASE PRINT; Last name, First name of Child,), at the McGill Psychoeducational and Counselling Clinic.

Signature of Parent/Guardian: _____ **Date:** _____

PLEASE PRINT; Last name, First name: _____

☐ I have been given a copy of this consent form.

Emergency Contacts

1. Emergency Contact: _____
(First and Last Name) (Phone Number)

2. Treating Physician: _____
(First and Last Name) (Address) (Phone Number)

3. Institution Providing Emergency Health Services in Your Area:

(Name of Institution) (Address) (Phone Number)

Person obtaining consent (trainee)

Signature of trainee: _____ **Date:** _____

PLEASE PRINT; Last name, First name: _____