



Dr. Andrea Azurdia, C. Psych.

CONSENT FOR PSYCHOLOGICAL SERVICES

I would like your informed consent for services. This means that I would like you to understand the services that I hope to provide to you and/or your family, the cost involved and what I do with the personal information I obtain from you. If you have any questions at all, please do not hesitate to ask.

Appointments

Office hours are Tuesdays and Wednesdays, 8:30am to 5:00pm. Evening and occasional Saturday appointments may be available upon request.

Insurance Coverage

Psychological services are not covered by OHIP but can be partially or fully covered by many extended health insurance plans. Coverage varies with each plan, so please verify with your carrier regarding claim procedure, details required on receipts, as well as whether you might require a referral from your physician.

Payment for Services and Fees

The fee for psychological therapy and intervention is \$200 per 50-minute session. The remaining 10 minutes of each hour are spent on important file management and other tasks to provide you and your child with optimal care. Payment for services is due at each session and can be done by cash, cheque, e-transfer, and major credit cards. A receipt will be provided when payment is received, which can be used for insurance or income tax claims, if applicable.

The fee for a psychological assessment will vary depending on the complexity of the assessment. An hourly rate of \$200 is charged. The time commitment for most assessments is between 12 and 15 hours. The current fee cap for an assessment is \$3000. All assessments include a psychological report. Payment is due at each session.

Cancelled and Missed Appointments

24 hours' notice is required for all cancelled appointments. If sessions are cancelled with less than 24 hours' notice (except for unusual circumstances), or if you do not show up to a scheduled appointment, you will be billed half my hourly rate of \$100 for that session.

Privacy Policy

The nature of psychological services involves sharing personal information with your therapist, including demographic information. My practice is run in compliance with the Federal privacy legislation about the collection, use, and disclosure of personal information, the steps taken to protect that information, and your right to review personal information. I have taken the necessary precautions to ensure the safety of your information, whether electronically or on paper.

In administering my practice, I make use of a secure, web-based practice management system to store and manage my client records. This includes information such as client appointments, billing documents, session notes, contact details, and other client-related information and documents. The system I use is encrypted, has servers exclusively located in Canada (Toronto and Montreal), and access to the system is granted only on an as-needed basis and governed by my strict confidentiality policy. Additionally, all practice data in the system is routinely backed up to insure the privacy and protection of sensitive client information and to assist me with PHIPA compliance.

Statement of Confidentiality

I will respect your confidentiality at all times. None of the information that you disclose to me will be communicated to a third party without your written, informed consent. However, there are some specific exceptions in which I am required to break confidentiality:

- Informing a potential victim of violence of a client's intention to inflict harm
- Informing an appropriate resource person of a client's intention to end his/her life
- Releasing a client's file if it is subpoenaed by a court of law
- Informing the Children's Aid Society if a client discloses ongoing physical, emotional, and/or sexual abuse or neglect of a child or risk of such abuse
- Informing a healthcare provider's professional association if a client discloses sexual abuse of a patient (disclosure of the client's identity is not necessary)
- If my case files are randomly chosen for assessment by the College of Psychologists of Ontario for quality assurance

To maintain your confidentiality, should we encounter each other in a public or private setting, I will not initiate contact. Rather, I will leave any initiations up to you based on your comfort level.

Should You Need to Contact Me

I may not always be immediately available by telephone. Telephone messages can be left at any time and I will return them at my earliest convenience. Please only use email for scheduling issues. Phone messages are checked during daytime hours. Should you or your child have an emergency or crisis and I am not immediately available, you or your family members should call the Child, Youth, and Family Crisis Line at (613) 260-2360, go to the nearest hospital with an emergency room, or call 911 if you or your child is in danger.

Consent for Assessment/Treatment

By signing below, I agree to Dr. Andrea Azurdia collecting, using, and disclosing personal information about me as described above. I agree to participate in the services I have discussed with Dr. Andrea Azurdia. I understand that Dr. Andrea Azurdia will not provide services regarding legal matters of any sort. I understand that Dr. Andrea Azurdia will not be conducting a child custody assessment and that if such an assessment were required in the future, Dr. Andrea Azurdia would not be eligible to conduct it, because of her prior contact with me.

I understand that I can withdraw my consent for these services at any time and without financial penalty.

Signature: _____ Date: _____

Print name: _____

Child's name if child is the client: _____

Child's date of birth: _____

Clinician's signature: _____