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

Faculty of Education
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Informed Consent

Client Name:_____ **Client Code:**_____

Trainee Name:_____ **Trainee McGill ID:**_____

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 600$ fixed cost for a complete psychoeducational assessment and 25$/hr 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.

Cancellation policy

All Clients: 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.*

Assessment Clients: In cases in which assessments are terminated mid-process/prior to completion, due to a request made by the Client, Clients should be charged half of the fee owed (e.g. if paying regular assessment rate of $600, the Client would owe $300).

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 confidential and are maintained in a locked file. Access to records is available only to authorized Trainees, faculty and staff members of the Clinic. Files are shredded seven years after the last Client contact. All reports are written and provided in English.

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

No information will be communicated to a third party without your permission. When records (i.e., reports) are requested by a third party, your written authorization is required before any information can be released.

Please note: Confidentiality does not apply in cases which the Client discloses information that suggests imminent harm to self or another individual (e.g., child abuse/neglect).

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

Informed Consent

To be completed by <u>all</u> Clients and Parents/Guardians

A staff member has described and explained the services provided by the McGill Psychoeducational and Counselling Clinic. 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/Fee Waivers 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:_____

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:_____