



**CONSENT FOR PSYCHOLOGICAL SERVICES**

**Initials**

- The psychological services provided to you/your child are subject to provisions of the provincial legislation and in accordance with the College of Psychologists of Ontario (CPO).
- I have been informed of the therapeutic approach to be used by the professional as part of this psychological service plan:
  - psychoeducational assessment
  - psychological treatment
  - other: \_\_\_\_\_
- The nature, risks, benefits and alternatives of the psychological assessment, follow-up and/or treatment have been explained. I/We understand that the psychologist is available to answer any questions I may have.
- I am aware that information obtained as part of these services will be kept confidential, and that this applies to all members of my family, unless I give prior written consent.
- I have been informed that there are four exceptions to this confidentiality that are mandated by law:
  - When there is a risk of danger to the child or others.
  - When a valid court order or subpoena is issued.
  - When the provincial college requests the records of a member including patient \_\_\_\_\_ files
  - When, if a member of a health profession has reasonable grounds, obtained in the course of practice, to believe that another member of the same or different health profession has sexually abused a patient, a report must be made to the member's professional college
- I make a fully informed consent to allow \_\_\_\_\_ to administer a psychological assessment  and/or treatment , as necessary, with my child.
- I authorize the professional to discuss the content of the file with his/her supervisor/manager for quality assurance purposes.
- This authorization is valid for the duration of the psychological assessment or treatment, from the date this document is signed.
- I am aware that I can withdraw my consent at any time.

I/we have signed this consent on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. Lakeside Natural Health understands that written consent has only been provided for the individual items which are initialed or checked off above by the client, consenting parent or legal guardian.

\_\_\_\_\_  
Parent or Legal Guardian Name

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

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Parent or Legal Guardian