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CONSENT FOR PSYCHOLOGICAL TREATMENT

I, _____ (print patient name),
have requested a Psychological Consultation from Dr Jaan Reitav.

Consultation Process

Psychological Services are provided by Dr Reitav at his office at 118 Eglinton Ave West. Fees for Psychological Services are not covered by OHIP, but I understand that they may be covered by my third party health insurance. I have read Dr Reitav's office policies which are available on his website, at www.DrJReitav.com.

The initial consultation will help determine if Psychological Services may be of help for your problems. In addition, you will be given an outline of the proposed focus of treatment, frequency of meetings, as well as how you can contact Dr Reitav. Psychological treatment may also involve the completion of other pen and paper tests to further assess and direct the therapy process. In order for psychological treatment to be successful, it involves building good, open communication with your psychologist about your personal situation. You are encouraged to ask questions about anything that you are unsure about, find difficult, or would like to change. Such questions always help to improve the rapport between therapist and patient.

Appointments, Rescheduling, and Termination:

The appointment times you are given have been reserved for you, and you should make every effort to attend punctually. If it is necessary for you to cancel an appointment, please do so a full 24 hours prior to your scheduled session – providing more notice allows you to reschedule and keep your treatment moving. You are free to discontinue therapy for any reason whatsoever, at any point if you are not completely sure that it is in your best interests to continue. If possible, and out of courtesy, you should discuss your intention to finish with the counselling or therapy in advance of ending my treatment.

Confidentiality

Dr. Reitav is required to keep professional records of the Services provided, and these will become part of your personal health file. Information collected from you may be used for the provision of clinical care, administration of services, quality improvement, program evaluation, statistics, and for legal and regulatory accountability purposes. Generally, your file or other information about you cannot be released without your written consent. This includes all information, from assessment reports to whether and when you have a session scheduled. Confidentiality rules apply even to people who you trust with information of a personal nature, such as a family member, your physician or lawyer. A full description of these office policies is on Dr Reitav's website.

Limits of Confidentiality

Confidentiality is key to the patient-therapist relationship, and also to the integrity of the services provided by Dr Reitav. However, there are some very distinct and important limits to confidentiality involving rare circumstances. In the Province of Ontario, psychologists and every other group of registered health care professionals are required to break confidentiality under four specific circumstances. These circumstances constitute the "limits of confidentiality" and are as follows:

- (1) In cases of suspected child abuse or neglect, psychologists must immediately report their concerns to local authorities (i.e., the Children's Aid Society) with or without patient consent.
- (2) In cases involving imminent risk of physical harm to oneself or another, psychologists must take whatever actions are necessary to protect patients and/or third parties even if doing so involves breaking confidentiality.
- (3) Where psychologists discover that another registered health care professional (e.g., a dentist, chiropractor, physician, etc.) has sexually abused, sexually assaulted or sexually harassed a patient, they must report that practitioner to his or her own regulatory body. However they are not required to identify their patient unless they have received permission to do so.
- (4) Where a judge subpoenas a patient's clinical records, psychologists may be required to turn them over as ordered.

By signing this form, you confirm that you have read the information provided on the previous pages, that you understand the policies for provision of services, including the limits on confidentiality as listed, and that you agree to provide information to me under those conditions.

I have read the description of the policies for provision of services, as well as Confidentiality and the Limits on Confidentiality. I understand them and have had an opportunity to discuss any questions to my satisfaction.

Signature of Patient

Signature of Health Provider

Date