

DR. JAAN REITAV, CPsych, CBSM.	
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## CONSENT FOR PSYCHOLOGICAL CONSULTATION AND TREATMENT

I, \_\_\_\_\_ (print name), have requested  
a Psychological Consultation with Dr. Jaan Reitav.

### Practice in Behavioural Sleep Medicine

Dr. Reitav is a Clinical and Health psychologist with a practice in Behavioral Sleep Medicine, health psychology, and management of difficulties with mood and anxiety. In his practice Dr. Reitav uses an approach based on our knowledge of the organization of the human stress system to introduce interventions that target brain activity to improve your sleep, health and well-being.

Dr. Reitav uses a range of approaches in the diagnosis and treatment of sleep, anxiety and mood disorders. The use of non-drug treatments targets changing your sleep-wake patterns by changing brain patterns to improve your night time sleep and your day time performance. The consultation process you are beginning asks you to identify your personal goals for sleep, health and well-being. Your treatment plan will actively involve you in achieving these outcomes.

### Consultation Process

Individual Consultations begin with a detailed assessment by interview, paper and pencil questionnaires, online assessment tools, sleep diaries, and/or home sleep studies. With this information we review your specific goals and expectations to develop a specific treatment plan for you.

### Behavioral (Non-Drug) Treatment

After collaborating on a treatment plan that reflects your main goals, I provide you with research-based, non-drug treatment options that have been shown effective. These can include learning mind-body skills, designing a behavioral change program, targeting negative cognitive patterns, or problematic relationships. You will be given an outline of the proposed focus of treatment, frequency of meetings, as well as contact info for Dr Reitav.

Group programs include both an initial assessment prior to the start of the program, as well as continuing assessment across the time the program runs. At the end of the program we review what you have accomplished and what challenges you still face. Options open to you at this time include continuing coaching in a group, individual treatment, or referral to health services that best match your needs.

### Collaboration and Communication

In order for psychological treatment to be successful, good, open communication about your personal situation is essential with your psychologist. You are encouraged to ask questions about anything that you are unsure about, find difficult, or would like to change. Such questions always help improve the rapport between doctor and patient.

Between meetings you have the option of calling or emailing Dr. Reitav. However, you must be aware that email is not a form of secure communication. Emails could be accessed by people with no interest in your health, so consider carefully what you say in an email.

## Appointments, Rescheduling, and Termination

The appointment times you are given have been reserved for you and you are responsible for attending at that time, or cancelling as soon as you realize you have a conflict. Make every effort to be punctual.

If it is necessary for you to cancel an appointment, please do so a full 24 hours prior to your scheduled visit. When you can't give any notice, remember that you are responsible for payment of the appointment that was reserved for you. The first time this happens Dr. Reitav will remind you of this policy and will be considerate of your situation.

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 treatment in advance of ending it. This can help generate more options for how to proceed with treatment.

## Health Insurance and Payment Options

Psychological Services are provided by Dr Reitav at his office at 164 Eglinton Ave East. Fees for Psychological Services are not covered by OHIP, but may be covered by your own, or your partner's, third party health insurance. The same plans that cover your visits to the dentist usually also cover services of a registered psychologist. For more information, please read Dr Reitav's office policies on his website at [www.DrJReitav.com](http://www.DrJReitav.com).

## Confidentiality

Dr. Reitav is required to keep professional records of the services he is providing and these 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.

Your file or other information about you cannot be released without your written consent. This includes all information, from assessment reports, to whether or 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.

## Circle of Care

As sleep problems impact many aspects of your health, Dr. Reitav makes the effort to update your personal health providers with your progress. Sharing clinical information about your progress can help your family doctor and other health providers do their work more effectively.

Information that is shared includes your diagnosis, treatment attendance, outcomes achieved, and summarizing ongoing treatment progress. Specific details discussed during treatment visits are generally not included in summary reports. You can always request that certain material not be included in any material communicated to your doctors. Please make your wishes known to Dr. Reitav. It is always best to discuss your wishes and expectations directly.

Please indicate the members of your health team you wish to include in your Circle of Care:

Family Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Sleep Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Others: \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

### 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 distinct conditions that may limit confidentiality in rare circumstances. In the Province of Ontario, all registered health care professionals are required to break confidentiality under four specific circumstances.

There are four specific circumstances in which confidentiality is limited:

- (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 in order to protect the child(ren) involved.
- (2) In cases involving imminent risk of physical harm to oneself or another, psychologists must take whatever actions are necessary to protect human life, whether it is the patient and/or a third party, 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 person 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 are required to comply with the subpoena and turn them over to the court, 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 health services by Dr. Reitav, have defined my Circle of Care, and understand that my privacy will be protected within the Limits on Confidentiality outlined above. I have had an opportunity to discuss any questions or concerns with Dr. Reitav and have had these questions answered to my satisfaction.***

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Health Provider

\_\_\_\_\_  
Date