

## **Informed Consent to Service, Fee Schedule, and Limitations to Confidentiality**

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Hello,

In my work I have found that it is best to clearly specify the form and content of the relationship that you and I (or you as a parent, your adolescent, and myself) may enter into by drawing up a list of clearly defined treatment agreements. I am completely committed, both professionally and personally, to provide you with the highest quality of service. This contract, or list of treatment agreements, is an aid to help you receive the service that you desire. It is also your assurance that I am well aware and respectful of your basic rights to know the exact nature of your treatment. If you are seeking treatment for yourself and you are an adult (age 19 years and over in B.C.), then I require your informed consent and completion of (signature on) this form indicating that you have read and fully understood its contents.

If you are seeking treatment for your child who is under the age of 19 years, then my preference is for both parents who have parental authority over the child, as well as their child, to complete and sign this form. If only one parent accompanies their child to the initial session, then I will with your child's consent contact the other parent so that I have an opportunity to review the plan for treatment with him/her and he/she has an opportunity to ask any questions.

Please carefully consider the terms of this contract and feel free to discuss any of the agreements with me. It is important to understand that I will only provide services to you following obtaining your informed consent, which includes an understanding of your rights, and the benefits and risks associated with these services. By signing this contract, you and I will have agreed to fully participate in the services described unless we mutually agree to revise, or add to, any of the provisions, or until you choose to terminate the service. If you decide at any time to not receive services from me, I am happy to provide you with the names of other qualified professionals.

You should know that a psychologist is not a physician and I cannot prescribe or provide you with any medication, medical advice, or perform any medical procedures.

## Fee Schedule

British Columbia's Medical Services Plan does not cover my fees.

The **initial session** is a 60 minute "Service Enquiry Discussion". This is a consultation prior to actual treatment, in part for each of us to decide on the suitability of my services for your particular needs. The fee for this consultation is **\$150.00**. Please note that this session is not treatment or an agreement to undertake treatment. That decision will likely be made at the end of the consultation.

**Regular sessions** (Individual psychotherapy) - **\$180.00** per psychotherapy session of 60 minutes or portion thereof. The 60 minutes includes time at the end for payment and scheduling further sessions.

**Telephone and Skype sessions** are billed at **\$180.00** per hour or portion thereof. Please note that these are only for clients I see regularly and are only for brief periods when you are temporarily out of town or unable to physically attend a session. Telephone contact is considered a "session" and will be billed if in general it is for purposes other than scheduling appointments or seeking information. If you anticipate being away at any time and wish to consider Skype sessions, please discuss with me and ask to see my "Informed Consent and Agreement to Participate in Psychotherapy using Skype" form.

I do not offer consultations or therapy through e-mail.

Attendance at any meetings on your behalf, with you, or as requested by you or your adolescent (such as a school conference), is billed at the rate of \$150.00 per hour.

If travel is necessary to an appointment or meeting out of the office - \$100.00 per hour for the travel time.

Report writing, completing forms, telephone conversations and consulting with other professionals at your request – **\$30** per 15 minutes.

I do not prepare medical-legal reports. If such a report is ever necessitated, the fee, including for attendance at any legal proceedings, is **\$300** per hour.

## Cancellation Policy

You will not be charged if you cancel sessions with more than 24 hours advance notice. That

means speaking to me directly or leaving a message at 604.721-8755. For sessions cancelled with less than 24 hours advance notice, or you do not attend, the full regular fee will be charged. Another appointment will not be arranged until the missed appointment fee has been paid.

If you do not show up for your appointment, I will wait for you, assuming you are late. If you are late, the session will end at the regular time and you will be charged the full session fee as that session's time has been reserved for you. My voice mail is on at all times. Illness and sudden emergencies are certainly understood.

### **Payments**

All clients are required to pay for services immediately following each session, or at the time the services are received. I do not direct bill third-party payers such as insurance companies. Although I will do what I reasonably can to support and help clients obtain third-party reimbursement of fees paid, the client remains personally responsible for obtaining any reimbursement for which they may be eligible. The client pays for therapy directly to me and then he/she may be reimbursed if they have an arrangement with a third-party payer. All inquiries with insurance companies will be made by the client.

I accept cash in exact amount or personal cheque only. If your personal cheque is returned, you will be responsible for all fees associated with the cheque return. I do not accept credit card payment.

Receipts are usually prepared at the end of each session.

### **External Funding**

Many people who are employed have Extended Health Care Plans (such as Blue Cross) through their, or a family member's, employer. These Plans may provide at least partial coverage of services from a Registered Psychologist.

Some employees also have coverage for themselves and their family through an Employee Assistance Plan to help deal with mental health concerns.

### **Goals**

You will choose the goals of my services although I may guide you in your goal selection.

**Benefits of psychotherapy**

Therapy can help a person to gain new understandings about his or her problems, and to learn new ways of coping with and solving those problems, such as anxiety, anger, depression, an eating disorder, stress, trauma, or relationship concerns. Therapy can help a person to develop new skills and to change behaviour patterns, and to become better self-regulated. Therapy can contribute to improved ability to cope with stress and difficult situations, and can increase understanding of self and others, thus allowing you to experience more satisfaction from those relationships.

**Risks of psychotherapy**

It is important to understand that there is no guarantee of a successful outcome from psychotherapy and that there are some risks, such as experiencing unpleasant memories and/or difficult thoughts and emotions, such as fear, anger, anxiety, depression, frustration, and loneliness. I use a somatically-oriented psychotherapy (please ask about this, also called Self Regulation Therapy) a lot, which involves asking you to be aware of bodily sensations. This can be challenging and can initially lead to some discomfort. Psychotherapy will likely involve trying out new behaviours and changing ways of relating to others. One possible risk is that some others may be challenged to accommodate a stronger, more self-confident you, and may not be accepting of the changes you are making.

**Voluntary participation and ending**

Your participation in this service is voluntary. You may refuse to engage in any activity or therapeutic modality, to ignore any advice and end your involvement or withdraw consent at any point and for any reason. You may at any time ask to be referred to another psychologist or care provider. If either of us feels progress has not been obtained, we will discuss this, and either of us may decide to end the therapy. In this case I will help you with finding alternative services.

**Process of psychotherapy**

I have experience with or been trained in Cognitive-Behavioural, Self Regulation, Psychodynamic, and Group psychotherapies. It is important to understand that not all therapeutic approaches which may be of help to you and used by me have been

empirically supported by research. You may ask questions about my training or credentials. The process of personal growth can be quite wide-ranging and differs from person to person. It is important that you mention promptly any concerns or questions to me that you may have at any time during the process of therapy. Psychotherapy may involve “homework” which in general should be brought to the following session. The homework generally consists of implementing any of the techniques/strategies we discuss and agree upon, and/or making notes about certain experiences you may be having.

### **Your Record**

Please be aware that I do keep records of our meetings as I use this information to get to know you better and as a basis for ongoing consideration of the best treatment for you. I do write notes during and after our sessions, which become the basis of your record. If you would like at any time to see what I am writing, please feel free to ask me. E-mails and texts also become part of your record. If you have any questions about your record, its contents, or how it is used by me, please ask at any time. You have the right to access the information in your record, or to obtain a copy of the records. There may be a fee for the latter.

In general, information in your record will only be disclosed to an other(s) with your written consent, but there are exceptions. For these, please see the section below on “Confidentiality”.

### **Confidentiality**

In general, the information obtained during the process of psychotherapy is confidential and will only be released to others with your explicit written consent. If there are any issues regarding confidentiality, such as payment for services by a third party who is requesting information on the treatment, I will clarify these issues as much as possible prior to beginning to provide services or when this issue becomes apparent. You should be aware that if you are submitting claims to an insurance company, that company may require information on your treatment, as may an Employee Assistance Plan.

You understand that as part of routine practice I engage in peer consultation with colleagues (including non-psychologists). Our work together and relationship may be discussed in this context, and that if I consult regarding your situation it is for the purpose of benefiting you and your confidentiality will be preserved.

There are legal limits to confidentiality when a psychologist must report concerns to the appropriate person (including a parent or guardian if you are an adolescent) and/or agencies. You should understand this prior to sharing personal information in a therapy session. These include (but may not be limited to):

- You/your child, or any other person, is at risk of being abused or neglected, for example when someone is hurting a child or not giving them what they need to live and be safe.
- You/your child tells the psychologist that s/he plans to cause serious harm or death to themselves, or to someone else, and the psychologist has reasonable grounds to suspect that s/he has the ability to carry out this threat in the near future.
- With an adolescent I will not treat marked deterioration due to an eating disorder, or severe self-harming behaviours, as confidential. Parents may be informed, depending upon the situation and my professional judgement.
- A person has a condition which makes it dangerous to drive, and keeps on driving even though the psychologist tells them it's too dangerous (as per the Motor Vehicle Act).
- A court orders that information and reports in the psychologist's file be released to the court. This could potentially occur if for any reason you are or became involved in a legal case.
- A person tells the psychologist about the behaviour of another health professional which might cause danger or harm to them or someone else if it is not stopped.
- Also be aware that if you agree to email/texting communications (scheduling appointments, other communications) between us, these in general should not be considered secure.
- It is important for you to be aware that invoices that you may be submitting to a third party payer (example: to a parent or insurance company) will reflect whatever occurred: for example, whether the fee paid was for an in-person psychotherapy session, telephone or Skype session, late cancellation, or missed session.

### **Family Physician Contact**

You understand that I may contact your Family Physician, that I may forward a form to him/her to complete and return, and that I may stay in contact with him/her throughout your treatment. As part of signing this contract, you give permission to me to discuss aspects of your progress with your physician. I may require you to have a physical examination before we proceed with therapy, and at times throughout our working together.

### **Complaints**

I am a registrant of the College of Psychologists of British Columbia (CPBC) and as such am governed by the College's *Bylaws* and *Code of Conduct*. The mandate of the CPBC includes protection of the public, and the responsibility to investigate complaints about a service received from a Psychologist. Information may be obtained from the College regarding the laws, the Code of Conduct, and guidelines governing the provision of psychological services. If you have any concerns about my conduct or any aspect of the treatment, you may discuss these concerns with me at any time during the course of treatment. You can make a formal complaint about the process of therapy to the CPBC, 404-1755 West Broadway, Vancouver, BC, V6J 4S5 ([www.collegeofpsychologists.bc.ca](http://www.collegeofpsychologists.bc.ca)).

### **Contact**

There are a number of options for getting in touch with me. You can contact me e-mail ([drronmanley@gmail.com](mailto:drronmanley@gmail.com)) and text as well as by telephone (604.721-8755) at any time. However, it is understood that it may take some time for me to return your call. I check my voice mail as my time allows, and return calls as promptly as possible on work days (Monday through Friday). It may take longer on week-ends.

If it is a crisis or emergency you are experiencing, you understand that it may be best for you to call your family doctor or go to the nearest hospital emergency room.

If I am unavailable for an extended time, such as vacation, I will either provide you with the name of a colleague to contact, if necessary, or this information will be on my telephone voice message.

## **Electronic Communication Policy**

E-mail/texting is a convenient way to communicate, although there are inherent risks to their use. E-mail/texting is not necessarily secure; there is a risk that messages may be read by a third party. E-mail/text errors are common, and your workplace may monitor employees' use of the internet or e-mail. If others have access to your e-mail account, you have the option of setting up a code word or phrase so that I know you are the author of any particular e-mail message. E-mail and texts may be kept on a server. Also, records will exist of such communications between us on my computer/device as well as on yours, and from a privacy perspective I encourage you to treat this information in the same way as you would your personal health records.

Please consider the following when using e-mail/texts to communicate with me:

- I check my e-mail regularly, but may not be able to respond to e-mail daily. I will attempt to respond to your email/text within 24 hours but you may wish to call me if you have not received a reply within that time period.
- E-mail/texting is not for emergencies or if you have urges to self-harm. Instead, please call the crisis line (604-872-3311) or go to the nearest hospital emergency room.
- You may use e-mail for appointment changes or to ask questions you may have forgotten to ask during your session. However, if your question is complicated or lengthy, we may need to wait until your next session to discuss it.
- E-mail messages and texts are part of your clinical file.
- If you make reference to an earlier e-mail discussion, please forward the entire e-mail thread along with your new e-mail.
- E-mail is not a substitute for therapy. However, feel free to e-mail updates if we have not met in a while or if a lot has happened since your last appointment. We will discuss it at our next session.

Telephone and fax security cannot be guaranteed.

I do not use social media.

### Contract agreement

You have carefully reviewed this document and have had sufficient time to consider it. You understand this document in its entirety, have been given a copy of it if requested (Yes\_\_\_ No (declined) \_\_\_), and agree to its contents and to abide by its terms of service. You have had the opportunity to ask any questions or concerns arising from it, and understand that you can ask any questions throughout your assessment/treatment. Any services you receive will be specific to your situation and needs, and while I will make every effort to answer any questions related to your treatment, I may at the outset not be able to answer all the specifics. If you wish to stop psychological treatment at any time, all you have to do is tell me. However, if you do at any time wish to stop, I would ask that we have an opportunity to meet to discuss this rather than just no longer coming to therapy. Based on this information you hereby give your fully informed consent to participate in therapy, or for your adolescent to participate.

Please complete section A, B, or C below as appropriate.

#### **(A) If You are at least Age 19 Years and Seeking Treatment for Yourself:**

Please sign directly below if you are competent to provide informed consent.

Signed:

Date:

\_\_\_\_\_

Client

#### **(B) If You are Parent(s) Seeking Treatment for Your Adolescent (who is under 19 years of age):** Please complete the following:

I, \_\_\_\_\_, mother/father of \_\_\_\_\_  
 (first parent's name) (choose) (adolescent's name)

age \_\_\_\_\_, born on \_\_\_\_\_, and I \_\_\_\_\_,  
 (second parent's name)

father/mother of the adolescent, agree to treatment provided by Dr. Ronald Manley,  
 (choose)

Registered Psychologist. I/we have read, understood, and signed off on Dr. Manley's "If You Are an Adolescent or His/Her Parent(s)" form.

Signature of the first parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of the second parent \_\_\_\_\_ Date \_\_\_\_\_

**(C) If You are an Adolescent:**

By signing this form, you are indicating that you understand everything in the form and wish to begin psychological treatment. You have also read, understood, and signed off on Dr. Manley's "If You Are an Adolescent or His/Her Parent(s)" form. If you do not understand anything on either of these forms, please ask and I will be happy to explain it further to you.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

I, Dr. Manley, confirm that I have on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, explained the contents of this document to the client (and parent(s) if appropriate) who has (have) signed this "Informed Consent to Service, Fee Schedule, and Limitations to Confidentiality".

Dr. Ronald S. Manley \_\_\_\_\_ Date: \_\_\_\_\_

Thank You!