

## INFORMATION SHEET

The purpose of this sheet is to help you make an informed choice about receiving treatment services from Dr. John Cook, Registered Psychologist, at Aegis Psychological Services Inc., by giving you information about what to expect in your relationship with Dr. Cook. Your signature on the reverse side of this sheet will show you understand this information and agree with it. Your agreement with this information does not prevent you from disagreeing with it later. You may also choose to stop receiving services at any time without penalty, on 24 hours notice.

**INITIAL ASSESSMENT.** Treatment begins with an initial assessment that is designed to help you and Dr. Cook get to know each other better, and to inform treatment planning. The assessment is made up of a clinical interview and may include paper and pencil self report forms. Dr. Cook may also ask you for your consent to obtain information from other professionals and family members who know you well.

**TREATMENT PLANNING.** Once the assessment has been completed, Dr. Cook will provide treatment recommendations, outline treatment options, and negotiate a plan of action for therapy. You are being asked to give your informed consent to treatment based on your full understanding of the anticipated risks and benefits.

**RISKS AND BENEFITS.** Possible benefits of treatment include gaining a better understanding of yourself, learning how to cope with and/or solve your problems, and improving your relationships with other people. Possible risks are that the therapy may not work, distressing emotions may be stimulated, and relationships may be disrupted. In short, while therapy can be very beneficial, it can also be very stressful.

**COLLEGE OF PSYCHOLOGISTS.** It is the College's role to protect your interests by setting the standards for competent and ethical practice, promoting excellence, and by taking action when standards are not met, in accordance with the Health Professions Act of British Columbia. Refer to their Website at <http://www.collegeofpsychologists.bc.ca/> for additional information.

**INTERRUPTION OF SERVICE.** If Dr. Cook has to withdraw treatment services for ethical reasons, if it appears that you are not benefiting, and/or you decide to withdraw from treatment, he will provide the names of alternate service providers, whenever possible. In the event of Dr. Cook's death or disability, the responsibility of looking after you and your clinical records will be reassigned to psychologist Myrna Hiebert, R. Psych. (#2035), 550 - 2950 Douglas St., Victoria, British Columbia.

**CONFIDENTIALITY.** Your right to privacy will be respected to the fullest extent permissible under law, while attempting to act in your best interest. Information about you will not ordinarily pass outside of Aegis, without your consent, except under the following circumstances.

- If you seem likely to do serious harm to themselves or to others, other people may be asked to help prevent this from happening.
- If you give information about a child or a vulnerable adult being abused or neglected, the appropriate authorities may have to be notified.

. . . *continued below*

- If you insist on driving after being told that your condition or current functioning makes it dangerous for you to drive, Road Safety B.C. will have to be informed.
- If you report misconduct by a health professional suggesting that professional poses a danger to the public, they may have to be reported.
- If you or Dr. Cook test positive for COVID-19, contact information may need to be provided to the appropriate health authority for contact tracing.
- If you are involved in a legal case, and the court orders disclosure of clinical information, then Dr. Cook may be compelled to release your file and/or testify.
- If you engage in couples or family counselling, it may not be possible to keep your information from the other family member(s).

Accounting information will be released to the accounting firm employed by Aegis, and to third party payors (e.g., insurance companies), but only to the extent necessary. With the exception of the aforementioned circumstances, your information will only be released if you or your legal representative give informed, usually written consent. All clinical records are destroyed seven years after whichever comes later: the date you are last seen, or your 19<sup>th</sup> birthday.

**CONSULTATION WITH COLLEAGUES.** Dr. Cook routinely consults with other psychologists, as part of his continuing education. If you ever become the subject of this consultation, your personal identifying information will be either omitted or disguised.

**PHYSICIAN'S INVOLVEMENT.** Writing the name of your physician or any other health professional below means that you consent to Dr. Cook releasing information in writing or in spoken form to them. This information will usually be discussed with you before it is released. In the case of written information, you will normally be offered an opportunity to review it before it is released, and receive a copy.

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**CANCELLATION POLICY.** Your full appointment time is reserved just for you. As such, we require 24 hours notice for any cancellations or changes to your appointment. When clients give less than 24 hours notice, or miss their appointment, they, their parent/guardian, or other third party will be billed the **full session fee**. The fee for a missed session is forgiven if it is not possible to give 24 hours notice, as in the case of sudden illness or accidental injury. Future sessions may be cancelled if a client misses two sessions in a row.

**FEE PAYMENT.** The basic rate is \$240.00 for a 50-minute session. Payment will be due at the time services are rendered. Fees for longer or shorter sessions will be prorated from this basic amount. You or your parent/guardian will be responsible for paying this fee, and for obtaining any reimbursement available from third parties. Defaulted accounts may be sent to collection and/or small claims court.

|   |             |                |        |
|---|-------------|----------------|--------|
| Client:                                     | _____       | _____          | _____  |
|   | (signature) | (printed name) | (date) |
| Parent/Guardian or<br>Legal Representative: | _____       | _____          | _____  |
|   | (signature) | (printed name) | (date) |
| Dr. John Cook<br>R. Psych. (#1025)          | _____       | _____          | _____  |
|   | (signature) | (printed name) | (date) |