Consent to Services Agreement

Welcome to the Psychological Service Centre at the University of Manitoba. This consent document contains important information about our professional services and practices, special conditions related to being a training clinic, and your rights under the Personal Health Information Act (PHIA). It is important that you read this document carefully and ask any questions you might have. We will give you a copy to take home, if you would like.

SERVICES AVAILABLE
Subject to resource availability, the PSC provides assessment and therapy services to children, adults, couples, and families, and also offers group therapy programs at certain times of the year. The PSC does not accept cases in which there is litigation involved, pending, or anticipated, nor do we accept clients mandated for treatment as part of a court disposition of charges. We also have limits on the number of clients we accept each term, and there is no guarantee of service through the PSC for people on our waiting list.

BENEFITS AND RISKS OF SERVICE
Psychological services are varied in nature and not easily described in general statements. Beyond this, the services provided also vary depending on the problems addressed, the theoretical approaches used, the methods employed, and the quality of the professional relationship formed between the client(s) and the service provider. In all cases, however, progress will depend on active effort on your part as a client. In order for your services here to be most successful, you will have to work on things you talk about with your service provider both during your sessions here and between sessions at home. You should discuss all of this with your service provider.

You should also know that psychological services can have risks as well as benefits. Since sessions often involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, or anger. You may also find that as you change your perspective on yourself and others, some challenges or conflicts in relationships could emerge. On the other hand, psychological services have also been shown to have benefits for people who participate in them. This often leads to improved functioning, better relationships, solutions to specific problems, and reductions in feelings of distress. But there are no guarantees about the specific outcome in your case.

Initial sessions usually focus on information-gathering and an evaluation of your needs. By the end of the evaluation period, your service provider should be able to offer you some first
impressions of what the work will include and a plan to follow, if you decide to continue. You should evaluate this information along with your own opinions of whether you feel comfortable working with your service provider and able to commit to following through with the services described. If you have questions, you should bring them up whenever they arise. You also have the right to a consultation with your service provider’s supervisor or the Director of the PSC, should you wish to discuss any aspect of the services you have been offered. If you are unhappy with your services, you are free to discontinue them and seek service elsewhere. It is usually best to first discuss your concerns with your service provider, however, to see if these can be addressed before you decide to terminate service here. The PSC can provide information about other community resources, if you would like.

SUPERVISION AND TRAINING
Clinical services at the PSC are provided by graduate students who are enrolled in a Master’s or Doctoral program in Clinical Psychology or another approved program, such as School Psychology. These student clinicians provide services under the direct supervision of a Registered Psychologist faculty member or other approved supervisor, who is ultimately responsible for the services provided. The name and contact information for your student clinician’s supervisor is listed below.

One of the main purposes of supervision is to assist our student clinicians in providing the best possible services to their clients. For this reason, it is standard procedure at the PSC for sessions to be recorded for supervision and training purposes. Supervisors will view these recordings in order to evaluate the student clinician’s performance and to monitor clinical progress. Student clinicians are primarily supervised on an individual basis but may also participate in group supervision with other student clinicians. In addition, student clinicians may present clinical cases as part of their program requirements in certain courses or for other case discussion purposes. Your identity will not be disclosed during these clinical presentations. Please feel free to discuss any concerns you may have with your student clinician.

FEES
We do not charge fees for our services.

MISSED APPOINTMENT POLICY
Missed sessions or late arrivals are problematic for both clients and clinicians, and are disruptive to activities at the PSC. As such, we ask clients to make a commitment to attend sessions as scheduled. If you feel that regular attendance could pose a problem for you, we ask that you reconsider whether this is the best time for you to access services. For some people, it may be better to postpone services and start at a later date when they are able to make a regular commitment.

The PSC policy on missed appointments is as follows:

(1) You are expected to give 24 hours’ notice if you are unable to attend a scheduled session;
(2) If you fail to give 24 hours’ notice of cancellation for three sessions, or miss three sessions without notice, you may be terminated as a client;
(3) If you arrive more than 15 minutes late for an appointment, without notifying PSC in advance of your late arrival, your session may be forfeited and considered a cancellation without notice.

SERVICE ACCESSIBILITY
The PSC does not have 24-hour emergency coverage. To access urgent care after hours, you can contact the Klinic Crisis Line by calling 204-786-8686 or the WRHA Mobile Crisis Service at 204-940-1781. Our receptionist can give you a comprehensive list of community mental health resources, if you would like. In addition to these resources, you can go the emergency room of the hospital nearest to you.

Most student clinicians are available from September through April on a term-by-term basis. The duration, frequency, and total number of sessions available to you will be discussed with you by your student clinician. If you require continuing service past the end of an academic term, you must make arrangements with your clinician well in advance to ensure that appropriate supervision arrangements can be made. If you wish to continue and services are not available through the PSC, or your needs have changed, your clinician can assist you in finding alternate treatment resources in the community.

PERSONAL HEALTH INFORMATION ACT
All contacts with the PSC are subject to the provisions of the Personal Health Information Act (PHIA), which governs the collection, use, and disclosure of personal health information in Manitoba. Under PHIA, the PSC is obligated to follow strict conditions of confidentiality for any personal health information we collect from you in order to provide or evaluate our service to you. This means that your identifiable personal health information is not released to anybody without your written consent, subject to the limitations below. In addition, under PHIA, you have the right to request to view, copy, or correct information from your records here. For more information, please contact the UM Access and Privacy Office at 204-474-9462.

LIMITS TO CONFIDENTIALITY
Specific exceptions to confidentiality are noted below:

Under The Child and Family Services Act of Manitoba, a psychologist who has information that leads him/her to believe that a child is or might be in need of protection must report the information to an agency or to a parent or guardian of the child. An agency rather than the parent/guardian will be contacted if it appears that the child is or might be suffering a abuse and/or neglect by a parent or guardian.

The Vulnerable Persons Living with a Mental Disability Act requires that a psychologist who believes, on reasonable grounds, that a vulnerable person to whom he/she is providing service is likely to be abused or neglected must immediately report this belief and the information on which it is based to the appropriate authority.

The Personal Health Information Act (PHIA) permits disclosure of personal health information without the consent of the individual the information is about if the psychologist believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to:
(a) The health and/or safety of the individual the information is about or another individual; or,

(b) Public health or public safety; or,

(c) Required to comply with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of the personal health information

ACKNOWLEDGEMENT AND CONSENT
I hereby acknowledge that I have read, understand to my satisfaction, and agree to the conditions described above with respect to accessing services at the Psychological Service Centre. I further acknowledge that in utilizing the services of the PSC, I am participating in the activities of a teaching clinic, that any services provided will not be offered without my signed consent, and that my consent may be revoked or amended at any time. I specifically consent to observation and/or recording of sessions for training and educational purposes. I understand that any personal health information collected about me will be used solely for purposes of monitoring service delivery, contributing to student training, and quality assurance. I further understand that all personal health information is kept under strict conditions of professional confidentiality, subject to the limitations of confidentiality involving mandated disclosure as indicated above.

If you have any questions about the collection of your personal information or personal health information, contact the Access and Privacy Office at 204-474-9462, 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, R3T 2N2.

My signature on this document is my consent for treatment and my acknowledgement that I agree to all of the foregoing with respect to my services at the PSC:

Client Name: ____________________________

Client Signature: ____________________________ Date: __________

Witness/Clinician Signature: ____________________________ Date: __________

Supervisor’s Name: ____________________________ Contact Number: __________

The client is a minor and I, as his/her parent or guardian, give my consent to the procedures as described above.

Parent/Guardian Signature: ____________________________ Date: __________

1 Adapted from the American Psychological Association Insurance Trust Sample Informed Consent Form http://www.apait.org/apait/download.aspx and from the University of North Carolina at Chapel Hill Psychological Services Center Consent for Treatment, Payment, and Health Care Operations and Acknowledgement of Receipt of University Notice of Privacy Practices