

Child and Adolescent Informed Consent for Assessment Services

The goal of psychological assessments is to investigate and address questions related to psychological functioning and abilities. This is accomplished through appropriate combinations of clinical interviews, observations, standardized testing, questionnaires, and review of previous records or reports. Upon completion of the formal testing and interviews, your therapist will gather and interpret the results of the assessment. You will be provided with a detailed description of the results and recommendations in the form of a written report which will be discussed and debriefed with you in a follow up meeting with your therapist.

1. All legal guardians have a right to provide or withdraw consent for the child or youth to engage in psychological assessment services at any time without affecting your/their right to further treatment. Legal documents may be required in order to authenticate legal guardianship. Your therapist will provide you with referrals to other services upon your request.
2. Information shared with the therapist is kept strictly confidential and will not be released without your knowledge and consent, except when required by law. Confidentiality is not guaranteed in life-threatening situations involving yourself or others, if there is suspected potential abuse or neglect of children, or if information is subpoenaed by a court of law. This therapist adheres to the Canadian Code of Ethics for Psychologists, and laws and professional standards that apply to psychological services. See www.collegeofpsychologists.bc.ca for more information.
3. Participating in psychological services can bring difficult feelings and experiences to the surface; this is a normal part of therapy, though this can be challenging. If you ever find yourself or your child in an emergency (e.g. considering suicide, violence, or self harm) outside of your appointment time, seek immediate attention by visiting your nearest hospital emergency room, or calling a 24/7 distress line or emergency services (e.g. 310-6789, or 911).
4. You are responsible to submit payment for any psychology services that you or your child participate in. The fee per 50 minute therapy session is \$200, unless otherwise agreed upon by you and your therapist. Report writing, telephone consultation, letters & form completion is billed at the rate of the service being provided. You may pay for services by cash, check, credit card, or e-transfer sent to: silvia@deepseapsychology.com. When you make an appointment, your scheduled appointment time is reserved for you. If you need to cancel or change an appointment, please provide 24 hours' notice. Late cancellations or missed appointments may result in the full fee of the scheduled session. You may contact your therapist by phone, text, or e-mail to make and change appointments. Credit-card information is kept on-file to secure appointments and may be charged in instances of late cancellations or missed appointments.

Child or Adolescent and Parent/Guardian Agreement for Meeting with My Therapist

1. I agree to meet with the therapist. When we meet, we may talk, answer questions, complete tasks, and other things to help this therapist get to know me better and understand my abilities and challenges. I understand that my parent/guardian has a right to know about how I am doing and I agree that this therapist may talk with my parent/guardian to discuss how I am doing. They may also talk about concerns and worries they may have about me. Sometimes this therapist may meet with my parent/guardian without me. At other times we may all meet together. I understand that this therapist will gather what she learns about me into a written report that she will share with me and my parent/guardian at the end of our work together.
2. I understand that the therapist won't repeat what we discuss in our meetings to other people, with a few exceptions. First, because of the law, the therapist is required to tell others what I have said if I talk about seriously hurting myself or someone else. This therapist will have to tell someone who can help protect me or the person I have talked about hurting. Second, if I or a child is being seriously hurt by anyone, this therapist must tell someone for protection.
3. I understand that sometimes I may not feel good about some things we may talk about in our meetings. I might feel uncomfortable talking to this therapist because I don't know her very well, and sometimes coming to meetings might interfere with doing other things I enjoy more. But I also understand that coming to my appointments should help me feel better in the long run. I may learn some new, important, and helpful things about myself.
4. I understand that our meetings might feel tiring or take some time to complete. Any time I need to take a break, use the bathroom, have a snack, a drink of water, or move around and stretch, I know I can ask this therapist for a break to rest and recharge.
5. I understand that my parent/guardian can stop my coming to meetings with this therapist at any time they wish. If I decide that I want to stop, this therapist will discuss my feelings with me and with my parent/guardian. But, I understand that the final decision about stopping is up to my parent/guardian.

Our signatures below mean that we have read this agreement, or have had it read to us, and agree to act according to it. Please let your therapist know if you have any questions or concerns.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Name of Child or Adolescent

Signature of Child or Adolescent

Therapist: Silvia Eleftheriou, RPsych (Alberta) #5044,
Supervisor: Dr. J. Crandall, RPsych (BC) #1342