

## **PSYCHOLOGICAL SERVICES AGREEMENT: GROUP THERAPY**

### **Confidentiality**

In providing you with psychological services such as group therapy, it is very important that you can speak openly with your facilitator-therapists to benefit from the service. To encourage this openness, your group facilitator-therapists agree to keep the information that you share with them confidential. This means that information shared during group therapy will not be shared with anyone without your consent. To protect the safety of vulnerable persons or your own safety, and in certain other unusual circumstances, further exception will be made to this confidentiality agreement. The following situations may require your facilitator-therapists to share pertinent information with another party:

1. If you present a risk of safety to yourself or others, this may be reported to others who can ensure or maintain your safety or the safety of others.
2. If you disclose knowledge that yourself or another person under the age of 19, an elderly person, or other vulnerable person may be at risk of harm (e.g., physical, verbal, sexual abuse or neglect), this will be reported to the appropriate Child or Adult Welfare agency.
3. If you sign a release of information for a third party such as a physician, social worker, lawyer, insurance company, etc., the information will be released as requested. The specifics will be discussed before information is released.
4. You will be asked to sign an agreement allowing your facilitator-therapists to communicate openly with your psychologist/individual therapist during the course of the group. This is to ensure the best outcomes for you in both group and your individual work.
5. If you make an ethical or legal complaint against your facilitator-therapists, they are not bound to keep information related to the complaint confidential. This is to allow them to explain their behavior in the appropriate legal forum.
6. If a court judge subpoenas your file.
7. Group participants agree to maintain confidential all information shared in the group. This includes the identity of participants. No information is to be shared with anyone outside of group members. You may share information about skills you have learned, or your own information, at your discretion.

### **Information for Parents**

If your child is receiving psychological services, please understand that all attempts to include you in the treatment will be made. In most cases, however, your older child/adolescent retains the legal right to consent to treatment.

If services are for a minor, by signing below you are agreeing that you have the legal right to consent for this child. If divorced or separated, you are following any existing legal agreement with respect to notifying or seeking consent from the child's other parent. If disagreement arises between parents consenting to psychological care, it is the position of Lesley Hartman & Associates, Inc. to continue providing services to the child as long as the treating Psychologist has both the informed consent of the child and one custodial parent.

Your child's confidentiality will be protected by their Psychologist, except in situations as mentioned above, i.e. where they may be at risk of harm to themselves or others, when they are being harmed by someone else, or when they give their consent for their Psychologist to speak with you or someone else. The benefit of this for your child/adolescent is that they may feel more comfortable sharing information with the Psychologist, and therefore will benefit more from the services.

**Other information about our group services**

1. Your facilitator-therapists are professionally required to keep records of their contacts with you. Group notes will be accessible to your group facilitators and, if you are a client of one of our associates, to your individual therapist. Your individual client file notes may also be accessible to the group facilitators if you are currently a client of the practice. If this is the case, you will be notified of this at the start of the group. This is to enable communication between your individual therapist and the group facilitators to ensure we offer you optimal service and collaborative care. It means we can tailor our individual and group therapy to meet your needs better. All records will be kept in a secure locked filing cabinet.
2. Your name, address, phone number, email address and family physician's name will be stored in the LHA Inc. practice management software. This software complies with provincial and federal privacy standards for health information. Technical support and administrative staff may be able to view your information if the need arises. These staff members have signed confidentiality agreements and will not access this information unless necessary for administrative or IT support functions.
3. Neither the facilitator-therapists nor group participants will take audio or video recording or photographs of you or of the sessions without written consent from you.
4. There is a fee for psychological services, as these are not covered by government health plans. Full payment is required to register for the group prior to the group starting. This commitment is necessary to hold your spot and ensure that we can cover the costs of delivering the group. The fee is \$90 per each two-hour group session, multiplied by the number of weeks of the group, plus a \$20 workbook/manual fee. **Please note:** group fees are **non-refundable** and **non-transferable** to other group sessions or any other services provided by LHA Inc.
5. Your facilitator-therapists cannot direct bill insurance companies. Therefore, you may send in the receipts to receive your reimbursement from your insurance company if applicable. **Please note:** while payment for group is taken in advance, insurance companies will typically approve reimbursement **only after you have received services**. We recommend contacting your insurance company directly for complete details on your coverage and reimbursement timeframe.
6. Clients who miss four consecutive group sessions (including across multiple modules), or who miss 15 minutes or more of four consecutive group sessions will be removed from group. In such cases, payment remains **non-refundable** and **non-transferable**.
7. Your facilitator-therapists will be able to discuss the group with you. They will check-in about how you are doing throughout the course of the group. They will not provide individual therapy, however, so you will be directed to your one-on-one therapist for that. Your facilitator-therapists will discuss other options for you to access immediate assistance in the case of an emergency.
8. Although we take precaution to minimize the risk of privacy breach through our office email, we cannot eliminate that risk. Please be aware that email communication can be intercepted in transmission or misdirected. Consider communicating any sensitive information by telephone, fax, or mail.

**I have read the above information and/or it has been reviewed with me. I understand the limits of confidentiality and the terms of receiving these psychological services. I accept them and consent to psychological services.**

**Client Signature:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Signature of Legal Guardian (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_