



## ORP/ORIMH Informed Consent & Clinic Policies Form - REQUIRED PRIOR TO SERVICE

NAME OF CLIENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_

### Ottawa River Psychology and Integrative Mental Health Privacy Statement

We are committed to respecting and protecting your privacy. This statement outlines our policies and procedures with respect to collecting, using, and disclosing your personal health information.

Collection of Your Personal Health Information Ottawa River Integrative Mental Health Inc. practices in compliance with the Personal Health Information Protection Act, 2004. Your practitioner will collect your personal health information only directly from you, except: a) when you have provided consent to obtain such information from others (e.g., reports of previous assessments or other services); and b) where the law requires or allows us to collect information without your consent (e.g., in an urgent situation, where information is needed to prevent potential harm). Your practitioner will collect only that information from you that he or she believes is reasonably necessary to provide you with services.

**Use of Your Personal Health Information** Your personal health information is used to provide you with service. This includes using the information for service planning; service monitoring, and billing purposes. All staff are trained in our practice's privacy policies and procedures, including prevention of loss of information and prevention of unauthorized access. Staff members are allowed to have access to information about you only on a "need-to-know" basis. A staff person who knows you personally is required to let us know this, and is not allowed to have access to your record unless there is an emergency or unless you give consent. All persons involved in such activities are required by law to maintain the confidentiality of any accessed information.

There are certain circumstances where the Director of Clinical Operations (a regulated healthcare professional) may access confidential healthcare information that you have shared. The minimum amount of information would be shared in these circumstances in order to facilitate care.

**Storage of Your Personal Health Information** ORIMH Inc. uses an electronic record keeping system through our Jane Practice Management software to store your health information. Clinicians use Jane video services which employ end-to-end encryption on a secure internet connection for therapy sessions. Jane Practice Management software is PHIPA/PIPEDA, meeting privacy standards for Ontario and Canada.

Email communications are not secure and should not be used for transmitting confidential information. All information transmitted by email is stored in the clinical record.

**Disclosure of Your Personal Health Information** (for further information see section below on CONFIDENTIALITY AND LIMITS ON CONFIDENTIALITY) With only a few exceptions, your personal health information will not be disclosed to anyone without your consent. The exceptions include circumstances in which disclosure is justified by law (confidential professional or legal consultation), or required by law (e.g., reporting a child in need of protection; reporting a health professional who has sexually abused a client; a court order to release information from a record).

The above exceptions are called “limits of confidentiality. If there are other limits of confidentiality in your situation, your practitioner will identify and discuss them with you before proceeding with your service.

When consenting to the disclosure of your personal health information, you may restrict us from sharing the information that is reasonably necessary for another health service provider to provide appropriate service, we are required by law to inform the other provider that you have refused consent to provide some needed information. Depending on the college in which your clinician is registered, your record occasionally may be accessed for external auditing by your clinician’s college. All persons involved in such activities are required by law to maintain the confidentiality of any accessed information.

ORIMH Inc. clinicians do not practice in isolation and are dedicated to offering evidence-based Third Wave, Compassion Focused and Mindfulness Inspired Psychotherapy and Psychology services to the community. ORIMH Inc. clinicians work collaboratively with one another to offer a variety of clinical services and a high quality of care to clients. For Clinical Quality Assurance purposes, ORIMH Inc. clinicians are required to participate in regular clinical group consultation that is in line with our shared set of practice values and that promotes clinicians’ competencies to offer the highest quality care to our clients. Clinicians are also encouraged to seek individual consultation as needed. The confidential details of client cases during these consultations are kept private, and the consultants (usually another registered psychologist, psychotherapist, or social worker) are also legally bound to keep the information confidential. You will not be informed about these consultations unless it is relevant to your clinical work with your therapist.

The Circle of Care defines the group of healthcare providers treating a client who may need to share information for the purpose of providing health care. Your clinician will always get your express consent when making referrals or sharing information when it is requested by a third party. If you consent to working with more than one ORIMH Inc. clinician, you understand that there is implied consent to share the minimum amount of personal and health information within the circle of care to ensure your health and safety. Consent

within the Circle of Care is generally implied around information that is being shared for the provision of health care.

### **Your Right of Access to Your Personal Health Information Record**

With only a few exceptions (e.g. if your clinician deems it would cause harm to release the contents of the information), you have the right to access any record of your personal health information, and to request copies of the information. If you believe that information in your record is not accurate, you may make a written request to correct your record. If your practitioner does not agree with the correction you request, you may file a notice of disagreement into your record.

### **Retention and Disposal of Your Record**

Ottawa River Integrative Mental Health is charged with the protection of your personal health record when you are working with one of our clinicians, as the Health Information Custodian for your clinical file. ORIMH will continue to act in this capacity if your clinician leaves the practice. If you require access to your clinical record for the services received through our organization and your clinician is no longer working at the practice, you can submit requests regarding your health records to the Clinical Director of ORIMH by emailing [info@ottawariverpsychology.com](mailto:info@ottawariverpsychology.com).

Your collected health information (e.g., personal, payment, health record information) is encrypted and stored electronically in our Jane electronic record keeping system. If you were seen prior to February 2020, there is a physical record of visits retained by your assigned clinician according to regulatory college standards. Your records are typically retained for 10 years from the date of your last interaction with your clinician or 10 years from the time you turn 18.

**Further Information** Your practitioner will speak to you directly to answer any questions you might have regarding this Privacy Statement. If you would like more detailed information at any time, would like to access or ask for a correction of your record, have a concern about our privacy policy and

procedures, or have a complaint about the way your privacy has been handled, please do not hesitate to speak or write to your practitioner.

Complaints may also be addressed to: The Information and Privacy Commissioner of Ontario 2 Bloor Street East, Suite 1400 Toronto, Ontario M4W 1A8 Phone: 416-326-3333 or 800-387-0073 Fax: 416-325-9195 TTY: 416-325-7539

For more information about circle of care, see “Circle of Care Sharing Personal Health Information for Health Care Purposes” August 2015, Information and Privacy Commissioner of Ontario.

I have read and understand the Privacy Statement (Friday August 4, 2023 - 9:04am)

## Ottawa River Psychology and Integrative Mental Health Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit may deprive another patient of an important health service. As such, we require 24 business hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 business hours notice, or miss their appointment, will be charged full session fee.

I am aware of the Cancellation Policy. (Friday August 4, 2023 - 9:04am)

## Ottawa River Psychology and Integrative Mental Health Client Information & Consent

# To Treatment for Psychotherapy and Psychological Services/Assessment

## **BENEFITS**

Psychotherapy and Psychological Services/Assessment can help people to gain new understandings about themselves. Therapy can bring relief from many different problems, teach new ways of coping with and solving those problems, and increase quality of life in numerous ways. Assessment is very helpful in planning interventions, treatments and supports. Examples of common problems include learning disabilities, anxiety, anger, grief, depression and parenting or relationship concerns.

## **RISKS**

While there are potential benefits to Psychotherapy and Psychological Services/Assessment, there is no guarantee of success and clarification, and there are potential risks and discomforts. Strong emotions and vivid memories may be experienced. The precise emotions and issues that can come up are not always possible to predict and can be unexpected or even unwanted. You may learn things about yourself or about your life, which may be upsetting. People can be overwhelmed by some memories or insights, and although it is rare, some people can act desperately and dangerously when feeling overwhelmed. Changes in awareness alter one's self-perceptions and ways of relating to others. This can lead to some relationship challenges as others who know you try to understand the changes that they witness.

I acknowledge that I am free to ask about and discuss the process of therapy and personal change, recognizing that this process can be quite varied and is highly individual.

I understand that it is important that I mention promptly to my treating practitioner any concerns or questions that I may have at any time during the process of therapy.

## **CONFIDENTIALITY AND LIMITS ON CONFIDENTIALITY**

All communications with a treating practitioner and all records relating to the provisions of Psychotherapy and Psychological Services/Assessment are confidential and may not be disclosed without a clients '(or guardians') written consent. The law does place certain limits on the confidential nature of psychological services. Typically these limits on confidentiality may arise if a practitioner perceives that there is a risk of harm in situations such as the following:

If a person presents an imminent danger to themselves or others, the law requires that steps be taken to prevent dangerous occurrences.

If a child is in need of protection from abuse or maltreatment, a report must be filed with the appropriate agency or authorities, which will also be documented in the clinical file. I can ask my therapist about the different reporting obligations that exist for the protection of children.

If a vulnerable adult is abused or neglected, a report may be filed with the appropriate government agency, which will also be noted in the clinical file.

Also, Court orders require the disclosure of records. We are required to report a reasonable belief of a health-care professional (e.g., a physician, chiropractor, psychologist, nurse, etc.) sexually abusing a patient.

Note that a child (age 12 or older) has the right to withhold information from parents. Children younger than 12, may also gain the right to withhold information from parents, if they are deemed to be competent to do so.

**PRIVACY OF PERSONAL INFORMATION** Privacy of your personal information is an essential and important undertaking in our office. Our staff is all trained in the appropriate uses and protection of your information. The storage, retention and destruction of your personal information comply with legislation and privacy protection protocols for Ontario and Canada, and with the standards of our regulatory bodies. Please do not hesitate to refer to the ORIMH Inc. Privacy Policy or to ask your clinician about our record keeping policies.

**COVERAGE** Many clients have insurance coverage through employment benefits such as Employee Assistance Programs or Extended Health Coverage

that can help pay for the fees for psychotherapy services and psychological services/assessment. There is no OHIP coverage for psychological services offered through private practitioners at the present time.

**PAYMENT** Payment is expected at the end of each session. Where you have Extended Health Coverage, you must pay the bill and send the receipt to the insurance company to receive reimbursement. The coverage agreement is between you and your Extended Health Coverage provider, not between the practitioner and the Extended Health Coverage provider. Payment methods that we accept are credit card and e-transfer. Interest of 3% per month may be imposed on accounts not paid one month after your statement is issued.

**OTHER COSTS** Additional services such as telephone consultations, reports, and completion of forms may be billed at the hourly rate in effect for a practitioner based on the time such additional work requires. If you are completing an assessment, your clinician will review an estimate of the costs with you prior to the beginning of your assessment. Clients are responsible for the costs associated with the tests. The time spent completing the assessment and preparing the report will be billed at the hourly rate of the practitioner. Your practitioner will review and discuss these additional costs with you.

I have read the above and understand (Friday August 4, 2023 - 9:04am)

## Ottawa River Psychology and Integrative Mental Health Consent for Telepsychology Services

Ottawa River Integrative Mental Health (ORIMH) Inc. provides the option of telepsychology services when it is assessed as a suitable treatment option based on client needs. Some of the benefits of telepsychology services include convenience, increased accessibility to care throughout the province of Ontario, and reduced risk of exposure to illness (a harm reduction strategy



utilized during the COVID-19 Pandemic). There are also risks involved in engaging in telepsychology services, including risks of confidentiality and privacy breaches of personal health information when using technology and electronic communications, risk of technology or internet failure during sessions, reduced ability for your clinician to respond during a crisis or emergency, and risks of misunderstandings due to lack of visual cues.

ORIMH Inc. will use all reasonable means to protect the security and confidentiality of information sent and received using electronic communication technologies. Clinicians use PHIPA/PIPEDA compliant, end-to-end encrypted video services through our Jane Practice Management software on a secure internet connection for therapy sessions that meet privacy standards for Ontario and Canada. Despite these efforts to keep your information secure, there are inherent risks involved when using electronic communication technologies, and as such, ORIMH Inc. is not able to guarantee the confidentiality of these communications.

If there is a technology disruption during your scheduled session, your clinician will reach out to you at the phone number listed on your file to troubleshoot or make alternate arrangements for the session. You and your clinician will establish steps to follow if there is a technical issue that interferes with services throughout the course of treatment or if an emergency occurs during the provision of services.

### **Conditions for Engaging in Telepsychology Services and for Ensuring Privacy**

ORIMH Inc. is not liable for confidentiality breaches when they are caused by client error. You are responsible for securing your own computer hardware, internet access points, and password security. There are steps that you can take to protect your own privacy and personal health information during virtual sessions:

- Choose a private location with a door and use earphones during the session. You can work with your therapist around problem solving issues interfering with your access to privacy.
- Sessions cannot be conducted if you are not at a fixed location or if you are operating a vehicle.

- Sessions are not to be recorded without the written consent of both the therapist and the client.
- You are responsible for notifying your clinician in advance if you will not be in Ontario at the time of your session. If you do not do so within the cancellation window for your appointment, your clinician may be required to reschedule in order to comply with the requirements of their college and you may be charged for the session. \*You are permitted to withdraw your consent for virtual care technologies and services at any time either verbally or in writing to your clinician.

**Email Communications:** Email communications are not secure and should not be used for transmitting confidential information. All information transmitted by email is stored in the clinical record.

I acknowledge that I have had the opportunity to carefully read this document and to ask and have answered any questions or concerns about it or arising from it.

Please contact [info@ottawariverpsychology](mailto:info@ottawariverpsychology) if you have questions you would like answered prior to your intake session.

I further acknowledge that I have read and understood the information contained in this document and that it records my consent. Additionally, in knowledge and appreciation of the benefits and risks as made known to me in this document, I hereby give my consent for myself, or my child to participate in therapy/assessment. I further acknowledge that my practitioner must obtain my informed consent before changing or altering the nature of the treatment or psychological services provided to me. I also acknowledge that I am aware I can withdraw my consent at any time by communicating this to my clinician.

(Friday August 4, 2023 - 9:04am)

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Signature of client or parent/guardian of client

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Date Signed

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Practitioner