

Informed and Enlightened Consent

Date: _____

5025 Sherbrooke Street west, suite#450 Westmount, QC H3Z 1H5

I _____ am informed about and consent to receive therapy from Sheryl Blum, Med psychologist who is licensed by the Ordre des Psychologues du Quebec (OPQ), and the College of Psychologists of Ontario.

Telepsychology: I am providing consent for telepsychology sessions. I understand that my psychologist will take every precaution, within reason, to keep our sessions private and confidential. Outside influences that compromise this, that are outside the reasonable control of my psychologist, cannot be helped. I have ____ or have not __ given consent for telepsychology.

Confidentiality: I understand that my psychologist must respect the ethical guidelines laid out by the OPQ, if I am receiving therapy while in Quebec. All records and anything pertaining to my sessions will be kept in a secure and protected environment, as per OPQ regulations. I understand information pertaining to my sessions shall not be released to others without my permission, except possibly in special circumstances laid out by law and/or OPQ guidelines. I do understand that confidentiality will be breached if: I am at serious risk (deemed by my psychologist) of suicide, self-harm possibly leading to suicide; risk to others (imminent danger to others), and in situations involving suspected child abuse/neglect to a minor (physical, sexual or psychological). Any such incidents of suspected child abuse/neglect reported to my psychologist, will be followed up with the psychologist contacting Youth Protection Services or its equivalent, depending, and they will decide if further action is required.

My psychologist might find it helpful at times, to consult with another member of the OPQ about my case and is, in fact, required to receive supervision from another psychologist as part of continuing education requirements. The psychologist consulted for supervision or peer supervision, is also bound by the same ethical guidelines outlined by the OPQ.

Fees: I understand that each session will run approx. 50 minutes. I am required to pay at each session, the total amount due (i.e. full session fee). I am aware that I can pay via e-transfer or personal cheque. Payments are to be made and received by the psychologist, on the date of the session and no later. Please be advised that all payments not received on the date of the session, are considered late and are subject to a \$25 late fee (administrative fee), and this includes post-dated cheques, NSF cheques and E-transfers not received, and all requests for delayed payments.

Cancellations: I am allowed to cancel a session, without penalty, as long as I have provided 24hrs. notice to my psychologist via email. I further understand that all missed, forgotten or cancelled sessions, with less than 24 hours' notice, must be paid in full. I understand that I will not be permitted to continue therapy until such time that I have provided payment in full for the missed or cancelled session (less than 24 hours' notice).

For telepsychology sessions and in person sessions, please be aware, that without notifying my psychologist via email, that I will be late to session, my psychologist will wait until 15 minutes into my session before it is considered a missed session (subject to payment in full). If the reason for a last minute cancellation is due to illness, on a case-by-case basis, my psychologist will decide if it needs to be paid in full or part. For instance, telepsychology sessions will be given less leeway for cancellations due to sickness with less than 24 hours' notice, unless the sickness renders the client incapable of participating in their online sessions.

CBT: My psychologist has provided me with a link www.therapistaid.com, and under the section entitled videos, "What is CBT?", I can hear an outline of what CBT (cognitive-behavior therapy) is. If I should have further questions, I can ask my psychologist.

Counselling: I understand that my psychologist, Sheryl Blum has a BA in Honors psychology from McGill, a Masters of Education in Counselling Psychology from McGill. She received specialized training in CBT under the supervision of the late Dr. Michael Spevack who founded the CBT clinic at the Montreal General Hospital. I understand that she is also a member in good standing with the OPQ and the College of Psychologists of Ontario (interim autonomous practice). I understand that at times, in addition to CBT, my therapist will use other techniques from other theoretical orientations for which she received training in workshops and/or through other continuing education methods. My psychologist might also use supportive counselling, psychoeducation and validation, as well as foster a secure psychotherapeutic alliance (client-therapist connection), as these are also necessary in therapy.

Furthermore, I understand that there are benefits as well as some risks in pursuing therapy and choosing not to pursue therapy; and I can discuss this with my psychologist for further clarification.

At any point, and for any reason, I may withdraw from counselling. My psychologist prefers we have a proper termination session, but I have the right to refuse. I understand that the best way to contact my psychologist is via their email sherylblum@gmail.com. They may take 24-48 hours to respond to me. I may leave a voicemail (514)442-8227 but I understand that this is checked infrequently, and email is more efficient. It is best practice to keep emails for administrative issues and not therapeutic ones, as those will be best handled within my therapy session. In the event of an emergency regarding my mental health, it is best for me to contact 9-1-1, 1-866-277-3553 (mental health crisis support for Quebec), or go to my nearest emergency room, as I understand that my psychologist cannot provide emergency services of that nature within the context of a private practice.

By signing, I consent to the above: _____ Signature of psychologist OPQ#11569-10:

