

## Child And Family Psychological Services

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### CONFIDENTIALITY/CONSENT TO PSYCHOLOGICAL SERVICES

Client involvement with Child and Family Psychological Services, and any verbal and/or written information clients share within the professional relationship with Child and Family Psychological Services, is confidential. Confidentiality refers to the obligation to not willingly disclose information that has been received in confidence. However, there are limits of confidentiality, about which clients are to be informed:

*A client may choose to grant permission to share part or all of his/her personal information.*

*Relevant information may be shared with another professional healthcare provider (e.g. the client's doctor) without the client's prior approval, for the purposes of providing quality health care.*

*In the case of an emergency, where sharing of information is vital to the well being of the client, permission to share relevant client information is not required.*

*Any person who has a reasonable belief that a youth, under the age of 18 years, is or may be in need of protection, due to emotional, physical or sexual abuse or neglect by the person(s) having charge of the youth, must report his/her concerns to child protective services (e.g. Children's Aid Society).*

*Regulated health care professionals are required to disclose to appropriate others (e.g. parents; police) information they have gathered that suggests that a specific individual's health or life is potentially or imminently in danger (i.e. client suicidal or homicidal ideation, intent or behavior).*

*In most cases, relevant information about a client must be shared in the case of a court-ordered subpoena.*

*Knowledge of past or present sexual abuse perpetrated by any regulated health professional (e.g. doctor, dentist, psychology practitioner etc...) must be reported to that professional's regulatory body (victims do not need to be identified).*

*Client information may be requested by the College of Psychologists, in order to investigate a complaint against a member.*

The above information has been explained to me, and I understand its meaning. Further, I have been informed of and I understand the nature of the proposed treatment, expected benefits of the proposed treatment, potential risks/side effects of the proposed treatment, the potential alternative courses of action, and the likely consequences of not receiving the proposed treatment. I am aware that I may refuse to sign this consent form, and that I may revoke consent at any time. Therefore, I willingly consent to the proposed psychological services provided through Child and Family Psychological Services.

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Parent/Guardian signature

Date

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David Guth signature

Date

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