CONSENT FOR INDIVIDUAL PSYCHOLOGICAL ASSESSMENT

Annapolis Valley Psychological Services
57 Webster St. Suite 208 & 209
Kentville, NS B4N 1H6

P: (902) 690-7281
F: (902) 678-7955
swest@ns.sympatico.ca
www.avps.ca

Name: _____ **Date of Birth:** _____

Address: _____

- ☐ **I AGREE** to undergo a psychological assessment with a Registered Psychologist* at Annapolis Valley Psychological Services (AVPS). I understand that the cost of this assessment will be **$180.00 an hour**, which will be paid in full at the end of the session. I give permission for the psychologist to obtain information for my diagnosis and/or treatment plan from the person or organization that referred me, as well as:
  _____

All information that I reveal to the psychologist will be kept confidential except for those persons for whom I have given consent, unless one or more of the following situations occurs:

- If I present a danger to myself, other people, or their property.
- If I report child or elder abuse. I understand that in any of these situations, my psychologist will warn and/or protect anyone whom I might harm, and will if necessary, call the police, hospital, or child welfare.
- If I fail to pay my bill. I agree that in this situation my psychologist may contact a collection agency with information about my identity and the services rendered to me.
- My file may be subpoenaed by law with or without my consent.

☐ **I <u>AGREE</u> to the professional policies listed above**

☐ **I <u>DO NOT</u> agree to the professional policies listed above**

Please be aware of clinic policies regarding appointment fees, bookings, cancellations and missed appointment:

- I will pay in full for all psychological services for which I have accepted an appointment whether I keep that appointment or not, unless I give at least 24 hours' notice of cancellation. (Note: Voicemail accepts messages 24 hours a day.) *Repeated missed appointments with insufficient notice could result in the termination of sessions*.

CONSENT FOR INDIVIDUAL PSYCHOLOGICAL ASSESSMENT

Annapolis Valley Psychological Services
57 Webster St. Suite 208 & 209
Kentville, NS B4N 1H6

P: (902) 690-7281
F: (902) 678-7955
swest@ns.sympatico.ca
www.avps.ca

- If I am late for an appointment, I will pay in full for the appointment time, even though my session will not extend past the time for which it was booked. I agree that if I am more than 20 minutes late, the appointment may be cancelled, and I will have to pay the full fee for the appointment time.

- This consent shall remain in effect for as long as I am being assessed by my psychologist and will be considered terminated when a period of one-year elapses since my last assessment session.

Please be advised of clinic policies and procedures:

- This consent shall remain in effect for as long as I am being assessed by my psychologist and will be considered terminated when a period of one-year elapses since my last assessment session. If litigation or other legal issues are involved, I give permission for release of information to anyone or any organization indicated above until the legal matter in question is concluded.

- ☐ **I understand that my confidentiality shall be protected by my psychologist after this agreement expires unless my information is subpoenaed.**

_____ _____
Client Signature Date

_____ _____
Shelley West MSc (Reg. Psych. NS) Signature Date

* Registered Psychologist

- Shelley West MSc.