



Marilyn Roberts
Psychological
Services



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Contract and Consent for Psychological Services

Once you agree to attend therapy sessions, you are agreeing to enter into a professional relationship, rather than a personal relationship. Although therapy sessions can be emotionally and psychologically intimate, you need to remember that contact is limited to the paid session time between you and your psychologist. You are not able to invite your psychologist to social gatherings, give them gifts, or ask to relate to them in any other way outside of your professional relationship.

The same guidelines apply for clients who are dependents (under 18 years of age). It is important that your child/youth trust their psychologist and as the parent/guardian, you have the right and responsibility to question and understand the nature of the therapeutic activities and the progress of your child/youth. It is important that you are part of the therapeutic process.

I provide services to children, adolescents, families, and young adults. I do not specialize in parenting capacity assessments, custody evaluations, or parent alienation, nor do I offer advice on legal matters pertaining to these areas. In high conflict situations, it is in the best interest of the child/adolescent, and advisable, for parents to seek mediation services.

Confidentiality and Duty to Report

All psychologists are bound by a code of ethics and standards of practice in Nova Scotia and have a governing body called the Nova Scotia Board of Examiners in Psychology (NSBEP). The information you share with a psychologist is considered confidential and will not be shared with others without your consent. There are, however, certain circumstances where we have to report, and these are referred to as *limits of confidentiality*. Under our ethics and standards, we have legal and ethical obligations to report to the appropriate governing agencies (e.g., the police or department of community services – child protection).

Limits of Confidentiality include:

- ❖ When a client informs a psychologist that he/she may harm him or herself.
- ❖ When a client provides a psychologist information which leads them to suspect harm will come to someone else.
- ❖ When there is a report or suspicion of abuse or neglect of children, the elderly or people with disabilities, or domestic violence.
- ❖ When psychologists are court ordered (subpoenaed) to release information.



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Communication and Social Media

- ❖ Therapeutic communication will be restricted to Janeapp or my practice email (administrative details only may be handled by text).
- ❖ You are welcome to email information that you would like to have included in the next session, however, my response will be limited as I do not provide therapy via email. Please note that email from all sources is uploaded to the file.
- ❖ For those under 14 years old, any communication (email, text, telephone) from any source is added to your/your child's file - please only send information appropriate to be viewed by each parent/guardian.
- ❖ Encrypted case notes of all sessions are kept on digital file for ten years after your last appointment, after which they will be deleted.
- ❖ During working hours I will attempt to respond to any e-mail or telephone call within 24-48 hours. However, outside of working hours I am unavailable and will not be checking e-mail or voicemail messages.
- ❖ I do not provide emergency service. In the case of an emergency or crisis, please call 911, or go to a hospital emergency room. If you are not in immediate danger, but you would like to speak with someone, you can find a link on my website to Nova Scotia Mental Health and Wellbeing to find a list of support options.
- ❖ To ensure best practice, I engage in case conferencing among colleagues when needed. No identifying information is shared.

Risks and Benefits

- ❖ The progress of therapy is determined by many factors, and there are no guarantees of length of time, or resulting behavioural or emotional changes.
- ❖ Therapy can offer support and growth opportunities; however it can also be a difficult process for some.

Dual Relationships

- ❖ Psychologists avoid dual relationships. If they cannot be avoided, I will ensure dual relationships do not compromise my therapeutic judgment, objectivity, or effectiveness.
- ❖ The clinical relationship will never be acknowledged without your consent in the presence of others (e.g., in a public setting).



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General

- ❖ Sessions are 50 minutes in duration allowing 10 minutes for documentation, preparation and planning for the next appointment.
- ❖ In the rare event that you arrive for your scheduled appointment and your therapist is still in session for more than 20 minutes past your appointment time, you may re-schedule your appointment. Note that this is a rare occurrence and is unavoidable when a client is in distress or danger.
- ❖ Session fees are to be paid prior to or at the time of appointment.
- ❖ For clients with insurance coverage, it is the responsibility of the client to know how much insurance coverage they have per session and in total per year, and the client is responsible for all session fees that are not covered by insurance. Please note, I am able to direct bill to some insurance companies, however, this is dependent on your policy.
- ❖ If you require reports or letters, the fee is proportionate to the amount of time spent - this may not be covered by your insurance/benefit provider.

Minors

- ❖ For minors to benefit from therapy they must trust the psychologist and the privacy of the relationship and information shared.

Consent

By signing below, I agree that I have read (or had read to me) and agree to all items within the Contract and Consent for Psychological Services. I have had the opportunity to discuss and ask questions about the content of this form, and have had my questions, if any, answered. I agree to act in accordance with the policies noted and information listed above, and by signing I consent to taking part in both assessment and treatment with the psychologist named below. I am also aware that I can revoke consent at any time.

Client Name: _____

Client or Parent/Guardian Name

Client or Parent/Guardian Signature

Client or Parent/Guardian Name

Client or Parent/Guardian Signature

Marilyn Roberts

Psychologist Name

Psychologist Signature

Date: _____