



Dr. Viviana Mauas
Clinical Psychologist

4269 Ste. Catherine St. W., Suite 302
Westmount, QC., H3Z 1P7
Phone: 514-934-1800
E-Mail: viviana.mauas@mail.mcgill.ca
Web: drviviana.com

PSYCHOTHERAPY SERVICES CONSENT FORM

This document contains important information about my professional services and business policies. Please read it carefully and prepare any questions you might have so that we can discuss them at our next meeting. The consent form is organized into the following specific areas:

- The therapy approach, emphasizing the following:
 - Collaborative effort between client and therapist
 - Risks and benefits
- Sessions
- Fees, cancellations, billings & payment
- Contacting the therapist
- Confidentiality

THERAPY APPROACH

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

As a licensed psychologist, I will use my best knowledge and skills to help you. This includes following the standards and practicing in conformity with the code of ethics of the Canadian Psychological Association (CPA) and of the Ordre des Psychologues du Québec (OPQ).

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has numerous benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

SESSIONS

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow. You should evaluate this information and if you have questions about my procedures, we should discuss them whenever they arise.

I will usually schedule 50-minute psychotherapy sessions (each appointment hour of 50 minutes duration) weekly at a time we agree on, although some sessions may be longer. Most of my clients see me weekly for 3 to 4 months. After that, we meet less often for several months, and then taper off to booster sessions once every couple of months. Therapy then usually comes to an end.

PROFESSIONAL FEES

My fee is \$130 per session. In addition to weekly appointments, I charge this rate for other professional services you may need, although I will break down the hourly cost if I work for periods of less than one hour. Other services include such matters as report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries.

CANCELLATIONS

An appointment is a commitment to our work. A cancelled appointment delays our work. Please try not to miss sessions if you can possibly help it. Your session time is reserved for you. When you must cancel, please provide me with at least 24 hours notice. Cancellations for a Monday appointment should be made no later than the preceding Friday. If you provide less than 24 hours notice, then 50% of the fees will be charged (after the second such incident, all future cancellations will be charged in full). If you do not show up for your appointment without calling then 100% of the fees will be charged. This policy applies for other than the most serious reasons.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested.

At the end of each month, I will send you a statement. It will show all of our meetings and how much has been paid. The statement can be used for health insurance claims.

If there are any questions with the billing, your insurance, or any other issue, please bring it to my attention. Such issues can interfere with our work. They must be addressed openly and quickly.

CONTACTING ME

TELEPHONE: While I am usually in my office between 9 AM and 5 PM, I will not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by an answering machine that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

EMAIL: I prefer using email only to arrange or modify appointments. I may also email forms that may be useful for your therapy, but which will be password protected. As email is not completely secure or confidential, please don't email personal content related to your therapy sessions.

CONFIDENTIALITY

The material discussed in therapy as well as the written record contained in your medical record are confidential, and I require your written permission to release information about our work to others. As a licensed psychologist, I am ethically and legally bound to respect this confidentiality. Noted exceptions are as follows:

DUTY TO WARN AND PROTECT

When a client discloses intentions or plans to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

ABUSE OF CHILDREN AND VULNERABLE ADULTS

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES

Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

MINORS/GUARDIANSHIP

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

INSURANCE PROVIDERS (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

LEGAL AUTHORITIES

If a client is involved in a lawsuit, a court may subpoena clients' records.

In any of these situations, I would reveal only the information that is needed, to protect you or the other person. I would not disclose everything you have told me. These situations rarely occur.

While this summary of exceptions to confidentiality should prove helpful to you, it is important that we discuss any questions or concerns that you may have at our next meeting.

CONSENT

My signature below indicates that I have read and understood the information in this document that has been discussed with me. I agree to abide by all of its terms and conditions during and following our professional relationship, and consent to therapy.

Client

Date

Agreed To:

Dr. Viviana Mauas,
Clinical Psychologist
OPQ # 12065-12

Date