



**Department of Educational and Counselling Psychology  
Département de psychopédagogie et de counseling**

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## *Informed Consent - Counselling*

**Client Name:** \_\_\_\_\_

**Client Code:** \_\_\_\_\_

**Trainee Name:** \_\_\_\_\_

**Trainee McGill ID:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Supervisor OPQ License number:** \_\_\_\_\_

### *Clinic Description*

The McGill Psychoeducational and Counselling Clinic (MPCC) is a teaching and training unit of the Department of Educational and Counselling Psychology. The Clinic offers services to the community, facilitates professional training in Educational and Counselling Psychology, and supports related research. Services are offered to children, adolescents, and adults, by Masters and Doctoral students under the supervision of the faculty in the Department. Every effort is made to provide the highest quality of services and when required, to provide appropriate referrals to other resources.

### *Fees*

We strive to make our services accessible for everyone and as such, our fees are well below standard rates in the community. Fees are set at \$40/hr for counselling and therapy services. If for valid reason these fees add to your financial burden, ask your service provider about the Clinic Fee Reduction Policy.

### *Cancellation policy*

If it is necessary to cancel an appointment, Clients are required to provide 24 hours notice. If 24 hours is not provided, the Client will be charged the full session fee per missed session. This cancellation fee is required to be paid promptly at the Client's next visit to the Clinic. *This cancellation policy applies to both counselling and assessment services.*

### *Tardiness*

Clients who are late will be charged the full session fee and the appointment will end at the scheduled time.

### *Client records*

All Client files are confidential and are maintained in a locked file. Access to records is available only to authorized Trainees, faculty and staff members of the Clinic. Files are shredded seven years after the last Client contact. All reports are written and provided in English.

### *Audio/video recordings*

Audio or video recordings of a session are made for the purpose of training. As part of ongoing supervision, video and audio recordings are periodically reviewed by faculty, or graduate students enrolled in the Counselling Psychology programs. Video/audio materials are maintained as part of the Client's Clinic file, and like written reports, cannot be released without the Client's written consent. Audio/video recordings are destroyed after supervision or by the end of the second semester (mid/end of April).

### *Outcome Rating Scale (ORS)*

We are very interested in making sure that our clients get the results they are looking for. For this reason, we invite our clients to participate in monitoring their progress. The clinic has adopted a formal procedure for monitoring this with "The Outcome Rating Scale (ORS)." This scale takes about a minute to fill out, which will be conducted at the beginning of each session.

### *Teaching/supervision of clinical services and trainees*

Client files may be reviewed in the context of individual or group supervision for the education and training of our students. When client information is shared in the context of group clinical supervision, all efforts are made to protect the identity of the client. The clinical supervisor and other trainees may interact with the client or observe sessions between the client and the trainee named on page 1 for training/learning purposes.

### *Emergency services*

Since all our services are by appointment only, availability of staff varies from day to day. The Clinic is not equipped or staffed to handle emergencies. In the event of an emergency, call your CLSC or go to the emergency room of your local hospital.

### *Confidentiality*

All client information is kept strictly confidential. No information will be communicated to a third party without your permission. When records (i.e., reports) are requested by a third party, your written authorization is required before any information can be released.

***Please note:*** Confidentiality does not apply in cases in which the Client discloses information that suggests imminent harm to self or another individual (e.g., child abuse/neglect).

***Please note:*** Confidentiality does not apply if the law demands that information from a Client file be disclosed (e.g., in the case of a criminal investigation).

## ***Informed Consent***

*To be completed by all Clients and Parents/Guardians*

A staff member has described and explained the services provided by the McGill Psychoeducational and Counselling Clinic and has provided me with a copy of the consent form. I understand the contents of this document and participate freely in the services that are provided. I am aware that the Clinic has a policy for fee reductions for those Clients who meet the criteria for reduced fees. I understand that I may terminate these services at any time.

**Signature of Client or Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE PRINT; Last name, First name:** \_\_\_\_\_

I have been given a copy of this consent form.

## ***Children***

*To be completed for Clients <14 years of age*

I \_\_\_\_\_ (PLEASE PRINT; Last name, First name of Parent/Guardian) have read and understand the above information and consent to the assessment/treatment of my child, \_\_\_\_\_ (PLEASE PRINT; Last name, First name of Child.), at the McGill Psychoeducational and Counselling Clinic.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE PRINT; Last name, First name:** \_\_\_\_\_

I have been given a copy of this consent form.

## ***Person obtaining consent (trainee)***

**Signature of trainee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE PRINT; Last name, First name:** \_\_\_\_\_