



Kyla Yaskowich, PhD
Registered Psychologist

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INDIVIDUAL INFORMED CONSENT

Conscious Living Wellness Services Inc. (CLWSI) provides psychotherapy services to you at a rate of \$250/60 min in-office (\$220/60 min Video/Phone); due on the day of your appointment. This fee is partially reimbursable by most insurance plans.

- 1. **Confidentiality** – Information you share is confidential and will not be released to anyone outside CLWSI without your consent. **Exceptions** to this are if you are at imminent risk of harming yourself or someone else, if a child is in danger of abuse, or if my records are subpoenaed by a court of law. For administrative and accounting purposes, limited identifying information may be provided to administrative staff and external consultants. Furthermore, CLWSI has access to your identifying information for the purposes of obtaining client evaluation of services feedback. If you fail to provide payment, your billing will be forwarded to a collection agency after 6 months.

It is important to note that cell phone conversations pose a risk to confidentiality. The video calling methods that CLWSI uses are encrypted to reduce the likelihood of breaches of privacy. However, with any method of communication, a breach of privacy and therefore confidentiality is possible. There are other potential disadvantages as well as advantages associated with video/phone therapy sessions. Please discuss concerns with your psychologist.

- 2. **Cancellation Policy** – We require **at least 48 hours cancellation notice by phone or via the online schedule**. This allows someone else to use your spot. Unless there is a **serious emergency**, if we do not receive at least 48 hours notice to cancel an appointment you will be charged **50%** of the hourly fee. If at any time you fail to schedule further sessions, we will assume that you wish to discontinue therapy.
- 3. **Number of Sessions** – The number of sessions required varies. If you require longer term counseling than your insurance benefits provide or can no longer afford the fees outlined, your psychologist may refer you to an outside agency that may provide lower cost services.
- 4. **Fit Between You and Your Psychologist** – It is essential to therapeutic success that you feel comfortable with your psychologist and his/her approach. If at any time you have any concerns, please feel free to discuss them with your psychologist and alterations to the counseling process or provisions for a referral will be made. To enhance our services, direct feedback is appreciated.
- 5. **Purpose and Nature of Psychotherapy** – Please discuss with your psychologist your goals in therapy as well as the therapeutic approach. Be aware that there are many alternative approaches that may be effective for you.
- 6. **Risks/Benefits** – There are potential risks and likely benefits to therapy. There are also risks of choosing not to engage in the therapeutic process. Please discuss these with your psychologist.

We encourage you to take an interactive role in the therapeutic process to achieve the most benefit. If at any time concerns or questions arise, please raise them. Furthermore, **please call me Kyla!**

Your signature indicates that you have read, discussed any questions you have, and understand all of the above information and agree to treatment. You are free to withdraw consent at any time.

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| _____ | _____ | _____ |
| Name (print) | Signature | Date |
| Kyla Yaskowich | _____ | _____ |
| Witness (Print Name) | Signature | Date |