**Informed Consent Form**

*This form is designed to make You, the Client, fully aware of what the consulting process entails, and to notarize an agreement between the client and the consultant.*

**Consultant’s Background**

**Education**

* Bachelor’s Degree in Human Kinetics – Specialization in Education and Coaching (University of Ottawa, 2019-2023)
* Master’s Degree in Human Kinetics – Specialization in Intervention and Consultation (University of Ottawa, 2023-2024)
* Certification from the Canadian Sport Psychology Association, licenced to practice as a Mental Performance Consultant (MPC) across North America

**Professional Background**

* Mental Performance Consultant
* Semi-Professional Trumpet Player
* Professional Ski Racing Coach and Instructor

**Consulting Goals**

**Consulting Philosophy**

* Exploring You the performer… but also You the person
* Self-awareness practices to develop self-understanding
* Self-understanding generates worthwhile interventions

**Scope of Practice**

* Mental skills and performance is my area
* Skills I can work on with clients include self-talk, imagery, confidence, stress management, communication, teamwork, creativity, motivation, and much more!
* I am not a clinical psychologist, and as such not qualified to diagnose or assist clients with their mental health illnesses.
  + Clients who need a different type of support will be assisted in finding the right expert to support their needs

**Consultation Details**

**Duration of Sessions**

* Sessions typically will last either 45 or 1 hour in length. Any differentiation must be discussed prior to the consultation’s start date.

**Modality of Sessions**

* Sessions will by default occur online using Google Meet. If you wish to schedule in-person sessions, please contact me to discuss this further.

**Scheduling**

* To schedule sessions, please use one of the following:
  + Website: <https://mpcsoundmind.com>
  + SimplyBook: <https://mpcsoundmind.simplybook.me>
* For questions/cancellations, you can reach me anytime via email
  + [rocheleau.alexandre.consulting@gmail.com](mailto:rocheleau.alexandre.consulting@gmail.com)

**Cancellation Policy**

* Appointments can be cancelled through SimplyBook up to 48 hours before the session start time. Any cancellations with less than 48 hours’ notice must be done via email.
* Clients must notify the consultant by phone or email 48 hours prior to a session, should it need to be cancelled. Any cancellations with less than 48 hours’ notice cannot be refunded.

**Fees**

* The consultant charges a rate of 80 CAD$ per hour. This rate scales proportionately to shorter, and longer sessions. (ex. 45m sessions will be priced at 60 CAD$ per hour)

**Vacation/Travel**

* The consultant is responsible for notifying the client of any vacation or travel that could disrupt the timeline of sessions

**Termination of Services**

* Clients are free to withdraw from the consulting process and end individual sessions at any time. The cancellation policy will still apply.

**Confidentiality / Reporting / Record Keeping**

**Confidentiality.** In accordance with the Canadian Sport Psychology Association | CSPA Code of Ethics, the information disclosed by clients during sessions conducted in person, online, or via telephone | email | text is confidential and is not divulged to outside parties without the client’s permission. There can be, at times, circumstances in which I seek advice from peers and mentors, at which point the particulars of a client’s situation is discussed but the identity is not revealed.

**Reporting.** I am obligated to break confidentiality under the following circumstances legislated by law (i.e., Personal Health Information Protection Act; Mental Health Act; Child, Youth and Family Services Act):

* If a client is a child under 16 years of age and I have reasonable grounds to suspect that the client needs protection due to abuse, neglect, or risk of harm
* If I become aware of abuse perpetrated by a health care professional (e.g., physician)
* If I believe that a client intends to harm themselves or someone else
* If my records are subpoenaed in conjunction with an ongoing police investigation or legal

I am also obligated to break confidentiality if I become aware of any potential violations of the Universal Code of Conduct to Prevent Maltreatment in Sport (UCCMS)

Clients are invited to discuss and ask questions regarding the limits of confidentiality at any point in time during the consulting process.

**Record Keeping.** I keep records to document my work and sessions with clients (e.g., appointment dates, session notes, assessments, copy of client worksheets completed during sessions). The information is stored in de-identified files on my personal secure password-protected computer to maintain clients’ anonymity. In line with legal and professional standards, clients’ records are kept for 10 years, after which they are permanently deleted. Clients can request to see their consulting file at any point in time.

**Client Consent**

By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) acknowledge that I have read this document and understand it. Questions I had about this information and consent were answered to my satisfaction, and I received a copy of this document. I agree to participate in the Mental Performance Consulting Services provided by Alexandre.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name Client’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant’s Name Consultant’s Signature Date

**Parental Consent (for clients under the age of 16)**

Evidence suggests that a confidential relationship between a practitioner and client is paramount to developing trust and an effective working alliance. In the case where a minor is involved, parents are welcome to consult with Alexandre and provide input on the degree of confidentiality they feel comfortable supporting within the consulting relationship.

By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) acknowledge that I have read this document and understand it. Questions I had about this information and consent were answered to my satisfaction, and I received a copy of this document. I agree to have Alexandre work with my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) on performance and life issues that are within the scope of Mental Performance Consulting Services. I agree that there will be a confidential relationship developed between Alexandre and my child (named above).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name Client’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant’s Name Consultant’s Signature Date