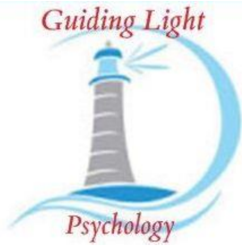

Eric Short; M.A., R. Psych.

Statement of Understanding

It is important that you understand the two-way confidential nature of your relationship with your Psychologist. No one will release a client's name or any other information about client or their counselling to anyone outside Guiding Light Psychology without their informed, voluntary, and written consent, except as outlined below:

- When required by law to disclose what would otherwise be confidential information, such as when we believe you may pose a risk of serious injury to yourself or others, there is suspicion of child abuse as defined by applicable government legislation, when the intervention is ordered by the court or we are served with a properly executed court order.

- Third party professional auditors such as those from the Board of Examiners in Psychology may examine files to evaluate the file administration and professional conduct of the Psychologist.

Guiding Light Psychology is compliant with all Provincial, Federal and International Privacy requirements.

Cancellation Policy: We require that all clients provide their Psychologist with at least 24 hours' notice of an appointment cancellation.

- ○ **I understand that this consent for Psychological Services/Assessment is good for one year and can be voluntarily withdrawn without prejudice at any time through a written request**
- ○ **I have read and/or had this statement read to me, and I acknowledge its conditions on behalf of myself.**
- ○ **I have read and/or had this statement read to me, and I acknowledge its conditions on behalf of my minor child ______________________________ ______________________________.**

Child's Name Child's Date of Birth (DD/MM/YYYY)

__________________/_____________________ ______________________________ ____________________________

Signature Print Name Date of Birth (DD/MM/YYYY) Date (DD/MM/YYYY)

__________________/_____________________ ______________________________ ____________________________

Signature Print Name Date of Birth (DD/MM/YYYY) Date (DD/MM/YYYY)

__________________/_____________________ ______________________________ ____________________________

Witness Signature and Print Date of Birth (DD/MM/YYYY) Date (DD/MM/YYYY)

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