



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; the intervention is ordered by the court; or we are served with a properly executed court order.
- You should be advised that, as per the provisions of the Psychologists Act, 2005, your file may be subject to a professional audit by the Newfoundland and Labrador Psychology Board (NLPB) pursuant to the provisions of their Quality Assurance Audit practice. If, in the event your file was to be selected as part of a review process, the auditor would be a registered psychologist and appointed by the NLPB. Please be aware that such Quality Assurance practices are random and isolated in nature and are conducted to ensure and promote the high standards of practice within the Psychology profession and confidentiality is of primary consideration.

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

Cancellation Policy: We require that all clients provide at least 24 hours' notice of an appointment cancellation and if not, they will be billed for the missed appointment.

I hereby acknowledge by checking the first two statements (as well as the third if consenting for my dependent child):

- **I understand that this consent for Psychological Services/Assessment is good for one year and can be voluntarily withdrawn without prejudice at any time through a written request**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)