

# UBC PSYCHOLOGY CLINIC

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## INFORMED CONSENT AND SERVICE AGREEMENT

Thank you for choosing the University of British Columbia (UBC) Psychology Clinic to assist you with your personal concerns. Please take the time to read and understand this document, and discuss any concerns or questions you may have with your therapist.

### Services Provided

The UBC Psychology Clinic is dedicated to advancing the highest standards of assessment, treatment, research and training in clinical psychology. Our assessment and treatment services are provided by clinical psychology graduate students who work as therapists under the supervision of experienced Registered Psychologists. All further references to the “therapist” in this document should be understood as the therapist and supervising psychologist. The goal of supervision is to train the therapist and to ensure that the client receives the best possible care. We provide both assessment and treatment services. The length of treatment is generally a matter for mutual agreement between the client and the therapist, but clients are free to end treatment at any time. The UBC Psychology Clinic may bring treatment to an end a) if the therapist and client have agreed to meet for a specified number of sessions and these come to an end without a discussed extension; b) if the therapist judges that the approach does not appear to be beneficial (in which case a referral to another provider may be made); c) if the client threatens or harasses the therapist or staff of the UBC Psychology Clinic (in which case the therapist may terminate the therapeutic relationship immediately); and d) in the event of the unavailability, illness, or departure of the therapist. The UBC Psychology Clinic is unable to guarantee that services to which a client is referred will be able to accept the client for treatment. The Clinic is normally closed for the months of May-August and no services are provided during that time.

### Therapeutic Approach

The UBC Psychology Clinic offers an array of different approaches to therapy. The two most common are Cognitive Behavior Therapy (CBT) and Interpersonal Therapy (IPT). Cognitive approaches emphasize the way that we think about the events of our lives, and has the aim of helping us to see things accurately and completely, neither unrealistically positively nor negatively, and to cope with our reactions to these perceptions. Behavioral approaches emphasize building skills for use in dealing with situations, breaking down large projects into manageable steps, and overcoming troublesome or habitual reactions to events. Interpersonal approaches focus on how previous relationship experiences affect how we feel about and behave in new relationships. The specific therapeutic approach used will depend on the particular difficulties that the client is struggling with and the services offered by the therapist and will be discussed at the outset of therapy.

### Likely Benefits of Services

Therapy can help a person gain new understanding about his or her problems and learn new ways of coping with and solving those problems, such as problems involving emotions (like anxiety,

depression, or anger) or behaviours (like avoidance or aggression). Therapy can help a person to develop new skills and change behaviour patterns. Therapy can contribute to improved ability to cope with stress and difficult situations and can increase understanding of self and others. Therapy can also help a person to understand and improve the way they relate to others.

### **Possible Risks of Services**

While most clients do experience improvement during psychotherapy, some do not. Some clients may not improve at all, or may not improve as quickly as they would like. Furthermore, a client should be aware that treatment is intended to induce change in his or her life, which can disrupt his or her accustomed manner of living and way of relating to others. Treatment may also be emotionally painful at times, stimulating emotions and memories that can alter one's self-perceptions. In the long run, therapy is usually worth the effort, as these changes and emotional pain are steps along the road to growth and realizing one's goals, but the process of personal change can be quite varied and individual. It is important to mention promptly any concerns or questions that one may have during the course of assessment or treatment.

### **Your Rights**

All information that clients disclose to the therapist within sessions is confidential and will not be revealed to anyone without the client's written permission (or his or her parent's permission if the client is under 19 years old). The law, however, places certain limits on the confidential nature of psychological services. The therapist might need to share information about the client without his or her consent in the following situations:

- If the client is at serious risk of doing harm to him or herself or to someone else
- If the client shares information that suggests that a child is being harmed or is at risk of being harmed
- If the client is unsafe to drive and persist in doing so
- If the records are ordered by a court of law

Clients should be aware that if they choose to seek reimbursement under an extended health plan they may be asked to sign a waiver of confidential information, in which case the therapist would be required by the insurance company to supply them with any information about the client that they demand.

In the case of group therapy, all members of the group share responsibility for maintaining privacy of the personal information discussed in the group. Although therapists are bound by legal and professional standards to holding clients' information confidentially, members of the group are bound simply by moral values. We will discuss privacy at the outset of group therapy and ask all group members to commit to not discussing the content of sessions outside of the group

The College of Psychologists of British Columbia regulates the profession of psychology in the public interest in accordance with the Health Professions Act of British Columbia by setting the standards for competent and ethical practice, promoting excellence and taking action when standards are not met. Information about the College and relevant laws, Code of Conduct, and guidelines pertaining to provision of psychological services in BC can be obtained from their website at [www.collegeofpsychologists.bc.ca](http://www.collegeofpsychologists.bc.ca). If clients has a complaint about services that they have received, they have the right to make a formal complaint (signed and in writing) to the College. Their address is #404 – 1755 West Broadway, Vancouver, BC V6J 4S5.

## **Teaching Clinic**

The UBC Psychology Clinic is a specialized training clinic within the Department of Psychology. Graduate student therapists are supervised by Registered Psychologists and typically work on a team with 1 to 3 other graduate student therapists. Details of a client's care may be discussed during team supervision meetings with those other therapists. All members of the treatment team are bound by the same ethical guidelines and a client's information will not be shared beyond the treatment team.

In some cases, details of a client's care may be shared in a graduate course for the purposes of teaching students how to communicate effectively about clinical work. In such situations, all identifying information (e.g., name, age, type of job) would be changed to ensure client confidentiality before information is presented. Members of this class are bound by the same ethical guidelines noted above and a client's information will not be shared outside the context of the class.

For the purposes of teaching, assessment and treatment sessions may be observed by the treatment team through a one-way window, the supervisor may sit in on the session, or sessions may be video- or audiotaped. If sessions are recorded, the recordings are treated as confidential information and stored in a locked cabinet. Recordings are destroyed once they are no longer needed for supervision. No recordings are kept after services have ended.

## **Policies Regarding Appointments**

Appointments for individual psychotherapy are generally 50 minutes in length. We ask that clients provide at least 24 hours notice of any cancellation by calling the Clinic office (604-822-3005). If a client is late for an appointment the session will end at the scheduled time.

## **In Case of Emergency**

The UBC Psychology Clinic is unable to provide 24-hour emergency services. Messages left on the office voicemail are generally retrieved each weekday and calls will be returned as soon as possible. In the event of an emergency, clients are advised to contact their family physician, to attend the nearest hospital emergency room, or to call the crisis line at 604-872-3311.

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## **Acknowledgement and Consent for Adult Clients**

I, the undersigned, acknowledge that I have had the opportunity to read this document carefully, and have had the opportunity to ask any questions or concerns I have about it or arising from it. I am aware that I will be provided with a copy of this document (without signatures). My signature below indicates that I have read and understood the information in this document and agree to abide by its terms.

In knowledge and appreciation of the benefits and risks as made known to me by the UBC Psychology Clinic, and as reflected in this form, I hereby give my consent to participate in assessment and/or treatment.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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### **Acknowledgement and Consent for Child Clients**

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

I, the undersigned, acknowledge that I have had the opportunity to read this document carefully, and have had the opportunity to ask any questions or concerns I have about it or arising from it. I am aware that I will be provided with a copy of this document (without signatures). My signature below indicates that I have read and understood the information in this document and agree to abide by its terms.

I am the Parent or Legal Guardian of the above named person. In knowledge and appreciation of the benefits and risks as made known to me by the UBC Psychology Clinic, and as reflected in this form, I hereby give my consent to participate in assessment and/or treatment.

\_\_\_\_\_  
Parent or Legal Guardian Name

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date