

**GEOFFREY D. CARR, PH.D., R. PSYCH.  
CLINICAL AND CONSULTING PSYCHOLOGY**

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**INFORMATION FOR PARENTS &  
CONSENT TO CHILD'S THERAPY & PARENTING SUPPORT**

The College of Psychologists of B.C. requires that this information be provided to clients in writing and that a Consent to Treatment form like this be signed to verify that the information has been provided.

**Confidentiality**

Information that parents and children reveal to me is treated as highly confidential, with the following rare exceptions. If someone is a serious danger to someone's life or if a child is being abused I am legally required to report these. If I am subpoenaed to appear in court or my notes are subpoenaed I must comply with the subpoena. I will provide information about your child to another professional if you request this. I may choose to consult with another professional to aid in my work with your child in which case the use of information that could identify you or your child would be avoided.

When I work individually with a child in therapy I endeavour to provide parents with relevant information about my impressions of your child's psychological functioning, information regarding progress your child is making in therapy, and recommendations for what you may do to facilitate your child's progress. However, it is important that your child have the freedom to express him or herself in the therapy sessions with the knowledge that the specific details of what he or she says or does will remain confidential and not be revealed to anyone. I will certainly inform you about anything that is important to ensure your child's safety or well-being.

**Children of Separated or Divorced Parents**

In cases where parents are separated or divorced, court rulings regarding custody or guardianship may limit the rights of one parent to take a child to see a psychologist without the consent of the other. *In signing this consent to treatment you are agreeing that you either have the agreement of the other parent to bring your child to therapy or that you have the legal right to bring your child for therapy without the other parent's consent.*

**Your Right to Ethical Treatment**

I will always endeavor to treat your child according to his or her best interests and according to the Code of Conduct of the College of Psychologists of British Columbia:

<http://www.collegeofpsychologists.bc.ca/docs/10.CPBCCodeofConduct.pdf>.

You are always welcome to ask me questions about our work together. If you ever believe you or your child have been treated unethically by any psychologist, contact the College at (604) 736-6164.

**Payment**

Payment is due at the end of each session. My fee is \$185. per hour (50 minute session and 10 minutes for required preparation of session notes and preparation for sessions). Longer 60 minute (\$210.) or 90 minute (\$285.) sessions are also available. This fee will remain fixed throughout your ongoing work with me, regardless of any future increase to my rates. Payment may be made by cheque or in cash (or e-transfer prior to the session) and a receipt with my registration number will

be given to you which may be used to make claims on extended medical plans or for income tax deductions (Psychological services are classified as a medical expense.)

**Cancelling Appointments**

I ask that you cancel appointments with me as soon as you are aware that you need to. If you cancel with 48 hours notice there is no fee. If you cancel with less than 48 hours notice, for any reason, half of your regular fee will be charged unless another client is able to fill the spot. If you do not call or email to cancel I will assume that you are late for the appointment, wait for you throughout the appointment time, and the full fee will be charged.

**Terminating Therapy**

I will not ask you to end treatment before you and your child feel ready, and termination is usually a mutual decision. You may, of course, end therapy at any time. It is best if this is discussed between us so that you have as much information as possible with which to make your decision. If you stop your child’s therapy without us having discussed this I will likely contact you to verify that you are indeed terminating, to ensure that your child is doing well, and to allow me to close the file.

**Social Media & Communications Technology:**

Psychologists are not permitted to accept “friend” or contact requests from clients or former clients on social media (e.g. Facebook, LinkedIn). No form of communication technology (cell phone, email, text, or Skype) is completely secure. Although unlikely, please be aware of possible risks to your and your child’s privacy if you communicate personal information in these ways. All communications that require 10 minutes or more of my time will be billed the standard rate.

*I understand and accept the above information. I am consenting to treatment for my child and to assist me in helping my child.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Name(s): \_\_\_\_\_ Child’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Child’s Current Medication/ Medical Conditions: \_\_\_\_\_

Names and ages of other children at home: \_\_\_\_\_

Previous psychological/psychiatric/counselling services (parent and/or child):

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