

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

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**INFORMATION FOR CLIENTS AND CONSENT TO TREATMENT**

Psychotherapy involves a very personal relationship between my clients and me but there is also a formal aspect to this relationship in the form of certain obligations we have to each other, and I describe those obligations here. The College of Psychologists requires that clients for psychotherapy/counselling/consultation be provided with this information in writing and sign a Consent to Treatment form like this to verify that the information has been provided.

**Confidentiality**

Whatever you discuss with me is highly confidential and will not be discussed with anyone else, with the following rare exceptions. If you are a serious danger to someone's life or if you are abusing a child I am required to report these. If I am subpoenaed to appear in court or my notes about you are subpoenaed I must comply with the subpoena. If you tell me about another health professional whose behavior constitutes a danger to the public, I must report them to their College. I will provide information about you to another professional or other person if you request this. I may choose to consult with another professional to aid in my work with you in which case the use of information that could identify you would be avoided. Confidentiality between members of a family or a couple that are also seen by me individually will be explained as necessary.

**Your Right to Ethical Treatment**

I will always endeavor to treat you according to your 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 any questions about our work together. If you ever believe that you 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 \$200. per hour (50 minute session and 10 minutes for required preparation of session notes and preparation for sessions). Longer 60 minute (\$230.) or 90 minute (\$300.) 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 made 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 feel ready, except under extraordinary circumstances, 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 therapy without us having discussed this I will likely contact you to verify that you are indeed terminating, to ensure that you are doing well, and to allow me to close your 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 privacy if you communicate personal information through these media. All communications that require 10 minutes or more of my time will be billed at the standard rate.

*I understand and accept the above information.*

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

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

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

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

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

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Ages of children at home: \_\_\_\_\_

Previous psychological/psychiatric/counselling services:

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