

CONSENT - CONFIDENTIALITY

Confidentiality is critical to the enterprise of therapy, and I will do my utmost to keep confidential all that passes between us.

However, there are limits to what I can promise. I keep, and am obligated to keep: records of your attendance at therapy; our financial transactions; and the basic content of our discussions. My process for record-keeping is as follows:

Your basic demographic information is kept on the computer, along with records of payments, in a file designated with your last name. Clinical notes are typed into this file, and when a full page has been typed, the page is printed and placed into a file (designated with your last name) that is kept in a locked file cabinet in my office. Notes remain on the computer for as long as I consider them useful – usually I keep notes for the last three or four sessions at a time. When your file is closed, I retain your basic information (contact, DOB, next-of-kin) and financial transactions in your computer file; all clinical notes are printed and then erased from the computer. Files are stored in the office for a period of at least seven years. After this they are shredded under my observation.

If you engage in email correspondence with me I will keep emails on the computer (webmail under my own domain name) that are of clinical significance – I no longer print these out as the volume of paper and printer ink is prohibitive. Emails regarding minor or clinically irrelevant matters (such as scheduling appointments) are not saved. I take regular precautions in protecting client information (passwords, lock and key) but there is always some level of risk involved, particularly in electronic communications. Should you choose to engage in electronic communication with me you are acknowledging your willingness to accept the risk involved.

Please feel free to ask questions about any of these issues that concern you. You may also request to review your files. Under the Personal Information Protection Act, individuals must consent to the collection, use, and disclosure of their personal information (privacy policy available on request). You are consenting to collection of your information as described above, and to the release of your information (as mandated by law) under the following circumstances:

1. If I were to have reasonable grounds to believe that the life or physical safety of any person is at risk (report to police)
2. If I were to become aware that a child or vulnerable adult is in danger of being abused or neglected (report to the police, the Ministry for Children & Families, and/or a medical doctor)
3. If I were to receive a subpoena, warrant or order issued or made by a court, person, or body with jurisdiction to compel the production of personal information.

print name

signature

date

Cathy Hill, Ph.D., R.Psych.(1609)

signature

date