

Dr. Heather Fulton, PhD, RPsyc (#2075)

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INFORMED CONSENT AND SERVICE AGREEMENT FOR CONSULTATION SERVICES

Description of Services

Dr. Fulton uses Cognitive Behavior Therapy (CBT), Motivational Interviewing, DBT (Dialectical Behavioral Therapy), Seeking Safety and mindfulness-based therapies in her practice. Dr. Fulton emphasizes culturally safe, trauma informed, gender informed and client-centered approaches.

Participants also understand that although there may sometimes be a need to discuss personal issues that may be relevant to clinical work, these consultation services do not constitute psychotherapy.

Likely Benefit and Possible Risks of Services

Consultation can help organizations and its participants find new understanding, develop new skills and knowledge. Although there are potential benefits, there is no guarantee of success and there are potential risks. Certain topics may evoke strong feelings and learning new ways to address problems can be challenging and result in temporary increases in distress. Please mention any concerns or questions that you have during the course of assessment or treatment.

Confidentiality

British Columbia law and professional ethics protects the confidentiality of information shi	ared	
during the provision of psychological services. In most situations, Dr. Fulton can only release		
nformation about your treatment to others only if you/an organizational designate signs a		
written authorization form. All personal and organization information and data will be treated		
with utmost confidentiality. A file in(organization) name containing		
consultation session notes will be kept in a locked filing cabinet located ina	and in	

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encrypted files on her computer. Every effort will be made to protect participants privacy; however, absolute confidentiality cannot be assured when using various forms of electronic media (such as email, Skype, etc).

Dr. Fulton may occasionally find it helpful to consult other health and mental health professionals about a case or situation. During consultation, Dr. Fulton makes every effort to avoid revealing any identifying information about the organization, treating professional or client. The other professionals are also legally bound to keep the information confidential.

There are the limitations to the confidential nature of this relationship. If consultation participants provide identifiable information about a situation regarding which Dr. Fulton has an ethical or legal obligation to report confidential information, s/he will inform the participant at the time and will give them the opportunity to make the report themselves.

These include (but are not limited to) situations such as:

- If an identifiable person is at imminent, serious risk of doing harm to themselves or to someone else
- If information is shared that suggests that a child or vulnerable person is being harmed or is at risk of being harmed
- If, on reasonable and probably grounds, the continued practice of a designated health professional might constitute a danger to the public (including engagement in sexual misconduct)
- If the records are ordered by a court of law

Your Rights

In addition to rights noted above, the organization and/or any participant may, at any time, ask questions about the service, Dr. Fulton's training or experience. The organization and any participant may also end services at any time and request a referral to another service provider.

Dr. Fulton is a registered member (#2075) of the College of Psychologists of British Columbia (CPBC). The CPBC regulates the profession of Psychology in the public interest. You have a right to make a complaint to the CPBC about the Psychological services that you received. They can be contacted at 604.736.6164 or 1.800.665.0979.

Length of Sessions

Although a consultation appointment is booked for a full hour, appointments are generally 50 minutes in length. Dr. Fulton uses the remaining 10 minutes to complete notes and plan any subsequent sessions.

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Fees

Fees are outlined in the separate document: Contract and Fee Agreement.

Acknowledgement and Consent

I acknowledge that I have had read this document carefully, and have had the opportunity to ask any questions. My signature below indicates that I have read and understood the information in this document and agree to abide by its terms. I hereby give my consent to participate in consultation services with Dr. Heather Fulton.

Participant Name	Participant Signature
Participant Name	Participant Signature
Witness Name	
 Date	

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