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**Co-Directors:**  
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**Dr. Andrew Matthew, Psychologist**

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## **STATEMENT ON CONFIDENTIALITY AND THE LIMITS ON CONFIDENTIALITY**

### **Confidentiality**

The confidentiality of personal information is an important principle to all of us at Change Clinic and to the overall profession of psychology. We are committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the services we provide. In accordance with the College of Psychologists of Ontario your records will be preserved and secured for a minimum of 10 years after the date of your last contact. After which, your records will be destroyed.

With the exceptions stated below, no information will be released about your contact with us without your informed, voluntary, and written consent.

For purposes of good communication, when referred for a psychological assessment by a health professional, a written report summarizing the results of your evaluation is normally forwarded to the referring professional. If there is some reason that you do not wish the report to be distributed in this manner, please speak to Dr. Heinmaa or Dr. Matthew.

You may request that Change Clinic provide information to others (e.g. insurance companies, other health care providers, educational personnel, etc.). We will be happy to do so, but only with your written consent. In some cases a fee will be charged for these services.

### **Limits to Confidentiality**

There are some important exceptions to confidentiality, conditions under which information may be released with or without your consent. These exceptions may occur if your psychologist:

1. Believes you may be a danger to yourself or others.
2. Has reason to believe that a child is being abused, has been abused, or is at risk of being abused either physically or sexually. By law, such information must be reported to the Children's Aid Society.
3. Is required to do so by a court of law. A psychologist's files are not "privileged" documents. A court of law could subpoena your records. In such cases your psychologist will make every effort to satisfy the subpoena with a letter that will be discussed with you before sending it to the judge.
4. Under Bill 100 (1993), all regulated health professionals (which includes psychologists) must report to the appropriate regulatory body, the sexual abuse of a patient or client by another health professional. Therefore if a psychologist at Change Clinic:
  - a. becomes aware that a client who is a health care professional has sexually abused a patient/client, (s)he must report this client to their regulatory body.

- b. becomes aware that a client has been sexually abused by another health care provider, (s)he must report this provider to their regulatory body if (s)he knows the name of the alleged abuser. The client's name cannot be included in the psychologist's report without their written consent.

**Agreement of Understanding**

My signature below confirms that I have been advised of my rights to confidentiality and the limits to this confidentiality and/or have read this document and understand it. A copy of this statement will be provided to me.

\_\_\_\_\_  
(Client Name – please print)

\_\_\_\_\_  
(Client signature)

\_\_\_\_\_  
(Date)

**CONSENT FOR PERSONAL INFORMATION COLLECTION**

- I understand that to provide me with psychological services, Change Clinic will collect some personal information about me.
- I have reviewed the Change Clinic Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy relates to me. I have been given a chance to ask questions about the Privacy Policy and they have been answered to my satisfaction.
- I understand that, as explained in the Privacy Policy, there are some rare exceptions to these commitments.
- I agree to Change Clinic collecting, using and disclosing personal information about me as set out above and in the Change Clinic Privacy Policy.

\_\_\_\_\_  
(Client signature)

\_\_\_\_\_  
(Date)