

Consent form

In accordance with the Civil Code of Québec, a parent or legal guardian must provide consent for any and all services received by the child. For minors aged 14 years or older, consent may be given by the parent/legal guardian or the minor themselves. A signature from either parent is considered valid for providing consent. However, in the case the parents are divorced or separated, a certified copy of the formal court decision (judgement) MUST be provided to agoo and the custodian parent(s) MUST provide written consent before any treatment or assessment is administered to the child.

I/we _____ patient (over
14)/parent/legal guardian of _____ (name of child), consent for
_____ (name of professional), to provide
_____ (type of services) to my child.

CONFIDENTIALITY

Shared Electronic Medical Records (Shared EMR): An electronic version of the patient's file/ records will be maintained for the patients and will only be accessible within the facility or office that controls it (agoo Children's Health and Wellness Centre and agoo Specialized Medicine Inc) through a centralized electronic medical record system that permits the child's treating physicians, other healthcare providers and managers within the facility to access all or a portion of the record strictly on a need to know basis.

agoo collaborates with Universities: Agoo works in conjunction with residents and students working through a specialized degree from Universities. All students and residents must adhere to agoo's policies of practice standards and ethical guidelines.

I authorize the agoo professional to obtain and/or release information relative to my child from or to the following establishment:

_____ (name of school /daycare or organization).

MARITAL STATUS:

- Married
- Civil law
- Separated (both parents must sign the consent form)
- Widowed: _____
- Divorced
 - o Full custody _____ (name of parent/guardian)
 - o Shared custody (both parents must sign the consent form)

EXCEPTIONS TO CONFIDENTIALITY:

- If there is evidence of clear and imminent danger of harm to self and/or others, a professional is legally required to report this information to the authorities responsible for ensuring safety.
- A court order, issued by a judge, may require the professional to release information contained in records and/or require a professional to testify in a court hearing.

TERMINATION OF SERVICES:

The patient reserves the right to terminate any services at any time without penalty. An evaluation may also be terminated; however, in the event that services are terminated before the completion of an evaluation, there will be no report, full or partial, issued. The patient reserves the right to terminate services and may seek services from another professional (in the public or private sector). If services are terminated, any outstanding monetary amounts owed to agoo for services rendered or scheduled to take place in less than 72 hours must be paid in full.

METHOD OF PAYMENT:

All payments are managed and carried out by ago. Payment methods accepted include credit or debit card and cash.

FREQUENCY OF PAYMENT:

Payment is to be done before each session begins.

CANCELLATION POLICY:

There will be no fee for any appointment cancelled 24 hours prior to the appointment. Appointments cancelled within 24 hours will be subject to a fee of 100% of the expected service charge. 2) There will be a fee of 100% of the expected service charge for missed appointments "no-show fee". 3) In case of an emergency (medical, family, extreme weather conditions), the patient should advise ago by calling 450-687-6888 ext 113 as soon as possible, and there will be no monetary penalty, when provided with a valid medical note / certificate.

REIMBURSEMENT OR INSURANCE CLAIMS BY A THIRD-PARTY:

The patient is required to pay for all sessions with the professional and may then request a reimbursement from their medical insurance provider. There is no fee for obtaining a receipt or proof of services for insurance purposes. All receipts are made only to the patient's name.

ADDITIONAL FEES:

Additional fees may apply in the case of supplementary services. The parent or legal guardian will always be informed regarding all and any costs before the service is rendered.

ELECTRONIC TRANSMISSION OF REPORT

We would like to receive by email an electronic copy of the report protected with a password transmitted verbally by the professional. We were informed of the possible risks involved in email transmissions. Email where the report should be sent to: _____

PUNCTUALITY:

It is strongly recommended to arrive 10 minutes prior to the appointment, as the professional cannot surpass the 60-minutes (i.e., direct therapy or time allocated to the evaluation/treatment) required for a therapy session as to not penalize subsequent patients. All billing is done according to the time of the scheduled appointment.

I, the undersigned patient, parent or legal guardian, have been properly informed of all services related to the evaluation and/or treatment, and hereby certify that I consent to having services by an ago professional provided to my child (named below).

Date: _____ Name of Patient: _____

Signature of Patient (If 14 years or older): _____

Signature of legal guardian(s): _____

Name of Professional: _____ Signature of professional: _____