

Treatment Policy

1. SCOPE OF SERVICE

- 1.1. The LightHouse Arabia (henceforth "the Clinic" is an outpatient mental health clinic. Services are only provided based on pre-arranged appointments, during working hours, and only at the clinic (except if online). The clinic is neither an emergency service nor a walk-in clinic.
- 1.2. The clinic reserves the right to request that a client, who is considered to require emergency services, attends local emergency and/or inpatient services, either prior to being seen or during the course of treatment.
- 1.3. The clinic and all clinicians are required to adhere to the code of ethics and standards of practice put forth by the Dubai Health Authority, Community Development Authority and Dubai Health Care Authority.
- 1.4. All clinicians at the clinic are licensed by one or more, depending on relevance, of the above authorities.
- 1.5. This policy applies to all clinical services provide, including:
 - 1.5.1. Psychiatric assessments, treatments, prescriptions and reports.
 - 1.5.2. Psychological screenings, assessments, consultations, treatments and reports. Psychological therapies provided by Clinical Psychologists, Counselling Psychologists, Clinical Social Workers and Counsellors.
 - 1.5.3. Psychoeducational and psychometric assessments and reports, including any other specialist assessment reports.
 - 1.5.4. Occupational Therapy screenings, assessments, treatment and reports.
 - 1.5.5. Speech and Language Therapy screenings, assessments, treatment and reports.
 - 1.5.6. Coaching interventions and reports.
 - 1.5.7. Any of the above, irrespective if delivered to individuals, couples, families or groups, and irrespective of whether provide in-person, online or at any other location.

2. LIMITED CONFIDENTIALITY

2.1. GENERAL RIGHT TO CONFIDENTIALITY

- 2.1.1. A client has the right to confidentiality of their information and treatment. This includes identifying information, demographic information, information about treatment, diagnoses and clinical records.



- 2.1.2. A client has the right to receive treatment in a way that values their privacy and anonymity.
- 2.1.3. The clinic will not confirm or disclose services/information about a client to any other people involved in the client's life or care (e.g., employers, schools, other relatives) unless there is a signed supplementary consent form to do so by the client (or caregiver in the case of minors) which specifies the nature, scope and limitations of the consent. Verbal consent and/or existing consent agreements with third parties (e.g., between school and parents) cannot be accepted as substitute.

2.2. LIMITS TO CONFIDENTIALITY

- 2.2.1. Confidentiality does not apply where the clinic has a legal obligation to report or share information, or if requested by insurance providers.
- 2.2.2. A client may waive their right to confidentiality by completing a supplementary consent form for someone else to be included and/or informed of services received and the content of such services (clients over 18 years of age).
- 2.2.3. When, based on clinical judgement, disclosure is required to prevent clear and imminent danger to the client or others around them, and the client is unwilling or unable to contract for safety, the clinician may perform a clinically justified breach of confidentiality to the identified emergency contact or other services/authorities without the consent of the client.
- 2.2.4. A clinically justified breach of confidentiality may also be required in matters affecting the welfare or abuse of children, vulnerable adults or the elderly, or when illegal or criminal behaviour comes to the attention of the clinician.
- 2.2.5. When ordered by an official of the court as required by law.
- 2.2.6. Any questions regarding confidentiality should be directed to the Clinical Governance Team at clientcare@lighthousearabia.com.

2.3. MINORS AND CONFIDENTIALITY

- 2.3.1. In the case of minors (clients under the age of 18) confidentiality automatically extends to the parents/legal guardian(s). Parents/legal guardian(s) have the right to access the minor's clinical records, and should be requested in writing to clientcare@lighthousearabia.com, with the records being viewed under supervision at the clinic.
- 2.3.2. When services are provided on school premises confidentiality does not extend to any school employees.
- 2.3.3. When a minor turns 18 parents are no longer included in the confidentiality agreement, unless supplementary consent form is completed and signed by the client (the child who is now legally and adult). At this stage all correspondence and treatment agreements will be directed to the client, and no longer the parent. This is irrespective of the level of dependence. At this stage the client (the child who is now legally and adult) signs a new consent form, replacing the former consent signed by the parent.

2.4. INFORMATION COLLECTION, STORAGE AND USAGE

- 2.4.1. The clinic is required by law to keep client records for at least 25 years.
- 2.4.2. The clinic ensures that client records are stored in accordance with relevant professional, legal and ethical guidelines and requirements. This includes restricting physical and electronic access and storage of information to authorized staff who are under the same obligation of maintaining confidentiality.

2.5. RECORDING OF CALLS

- 2.5.1. All incoming and outgoing calls are recorded for quality assurance and training purposes. This information becomes part of the client record and the same limits to confidentiality described applies.

2.6. SHARING INFORMATION WITH NABIDH

- 2.6.1. All healthcare facilities in Dubai are required by law to share health information with NABIDH, a healthcare platform created to facilitate the secure exchange of trusted healthcare information across public and private facilities in Dubai.
- 2.6.2. The information shared includes identifying and demographic information, diagnoses, medications prescribed, treatments provided and clinical notes kept by the clinician.
- 2.6.3. The clinic is obliged to share required information. It is not possible to exclude any specific client from this process unless they are a designated VIP within the definitions of Nabidh.
- 2.6.4. A client has the right to indicate whether they opt in or opt out of this information being shared with other health care providers.
- 2.6.5. Any questions or concerns with regards to Nabidh can be directed to **clientcare@lighthousearabia.com**.

2.7. CLINICAL NOTES

- 2.7.1. The clinician is required to write clinical notes within 24 hours of each appointment, which includes client presentation, reported and observed symptoms, reported and observed risk, mental state, details of interventions provided and recommendations made, as well as a general overview of session content.
- 2.7.2. The client has the right to have access to their clinical records, including clinical notes written by the clinician.
- 2.7.3. To exercise this right the client needs to discuss this with their clinician and request access in writing to **clientcare@lighthousearabia.com**.
- 2.7.4. Clinical notes and records may only be viewed in person and under supervision at the clinic.

- 2.7.5. Notes may not be copied or duplicated, and will not be released either in printed or electronic form.

2.8. CONSULTATION AND SUPERVISION

- 2.8.1. All clinicians have a professional duty to engage in ongoing and routine clinical supervision and peer consultation about all clients. The clinic has a dedicated team of senior psychologists that provide this to clinicians.
- 2.8.2. All clinicians have a professional duty to consult other mental health professionals (both internal and external to the clinic) involved in a client's care to ensure effective and coordinated treatment and the management of any risk. Such clinicians are always licensed and bound by the same confidentiality obligations.
- 2.8.3. Consultation and supervision do not constitute a breach of confidentiality, and clinicians providing these services are bound by the same confidentiality as the clinician.

3. SERVICE DELIVERY

3.1. MINIMUM REQUIRED INFORMATION AND DOCUMENTATION

- 3.1.1. The clinic is required to collect information when registering a client and prior to offering any services, including: identifying information, contact information, date of birth, gender, nationality, occupation, address, emergency contact.
- 3.1.2. The clinic is required to collect a valid and current copy of a client's identification document. For residents of the UAE, this needs to be their Emirates ID.
- 3.1.3. The clinic is required to have a signed and current consent form where a client confirms that they have received, read and understood this policy.
- 3.1.4. The above consent includes recording the client's choice with regards to Nabidh sharing information with other services and clinicians in the UAE.
- 3.1.5. The clinic is required to collect contact information for both parents when the client is a minor, and a consent form signed on behalf of the minor.

3.2. ELECTRONIC HEALTH RECORD SYSTEM (EHR)

- 3.2.1. The clinic uses a bespoke EHR for all appointments, payments and clinical records.
- 3.2.2. In the process of registering and booking appointments the client will receive automated emails and sms notifications regarding bookings, cancellations, payments and release of appointments. These automated messages cannot be deactivated and is an integral part of the operational process of the clinic.
- 3.2.3. This EHR integrates this policy in addition to the Payment Policy and it is not possible for either clinicians or reception staff to override the system.

3.3. LOCATION OF SERVICES

- 3.3.1. The clinic offers both in-person and online services, and a client has the option to indicate their preference.
- 3.3.2. Certain services are provided out of clinic at schools. These service arrangements are made directly with the school, and parents eligible for making use of such services will be informed. The relationship remains between the parents and the clinic, and parents are responsible to engage the school directly with any concerns.
- 3.3.3. The clinic does not provide home-based visits for routine clinical appointments.
- 3.3.4. Any services provided at a location other than the clinic will be charged the respective clinician's hourly rate. In addition, there will be a 60-minute minimum charge for travel time to and from the site. This needs to be agreed in advance. This does not apply to pre-arranged services delivered at schools.

3.4. ONLINE SERVICES

- 3.4.1. Online treatment refers to treatment offered through the use of a live online video and audio platform.
- 3.4.2. A client accepts that security breaches may still happen for which the clinic cannot be held accountable.
- 3.4.3. The clinic requires all first appointments, where feasible, to be conducted in person to support the process of establishing the treatment relationship, and to enable the clinician to perform a more comprehensive assessment.
- 3.4.4. If clients are outside of UAE, (i.e., international clients or clients living in other emirates that are too distant to easily commute) first appointments are offered online.
- 3.4.5. Whether subsequent sessions are online or in person is based on a discussion between the client and the clinician about what is preferred and most convenient.
- 3.4.6. The following limitations apply to online services:
 - 3.4.6.1. If a client requires a prescription the appointment needs to be in-person at the clinic. Psychiatrists are not permitted to provide prescriptions online.
 - 3.4.6.2. If a client requires sick leave or similar assessments and reports appointments need to be in-person. Psychiatrists are not permitted to make sick leave recommendations online.
 - 3.4.6.3. If a clinician feels that in-person appointments are required for the assessment of a client, or when there is risk involved, they may make in-person appointments a condition for service delivery. This will always be based on clinical considerations.
 - 3.4.6.4. When a client is accessing treatment from outside of the UAE, and there are identified risks, there is the requirement that the client also sees a



mental health professional in the same location as the client, who can be contacted by the clinician in case of emergency.

- 3.4.6.5. When the treatment is likely to involve an increase in distress to the client, the clinician may first require another mental health professional that is in the same location as the client to provide containment and assist with risk management.
- 3.4.6.6. Certain services cannot be provided online due to the nature of the service (e.g., Occupational Therapy, Speech and Language Therapy). With these services the clinician will stipulate whether online treatment is an option, based on the age of the client (if a minor) and the specific treatment being provided.
- 3.4.7. The following are practical guidelines that apply to online appointments:
 - 3.4.7.1. Neither client nor clinician are permitted to record sessions unless this is agreed in advance in writing with a supplementary consent form.
 - 3.4.7.2. The client needs to access online services using a known, strong, stable and secure internet service, and not public or open wifi access spots.
 - 3.4.7.3. The client is responsible for ensuring they are in a private location and work space free from distractions when accessing online services.
 - 3.4.7.4. The client is required to ensure that they can actively participate in online sessions by having both video and microphone turned on, and not be engaged or disturbed with other activities or responsibilities that impact on the session. This includes notifications and alerts on the device being used.
 - 3.4.7.5. The clinician retains the right to end a session if any of the above are present and are not resolved.
- 3.4.8. In the event of technical difficulties, the clinician will work with the client to establish effective connection, after which they may recommend either switching to an audio call or reschedule the session, based on their discretion. If the disruption exceeds 15 minutes the session fee will be waived, irrespective of the source of the disruption or difficulties.
- 3.4.9. Clinicians are not permitted to conduct online appointments while the client is driving, irrespective of the use of hands-free devices, and will end the appointment if this is the case. This is a safety precaution.

3.5. DIAGNOSIS

- 3.5.1. A clinician is required by DHA to assign each client with at least one diagnosis based on International Classification of Diseases (ICD-10) after the first appointment. It is not possible to provide clinical services without a diagnosis.
- 3.5.2. The decision about which diagnosis will be given is solely at the clinician's discretion and is always based on their professional assessment of the client's presentation, reported experience and symptoms.



- 3.5.3. A clinician may not change a diagnosis to increase the likelihood of a client being able to receive reimbursement for such services based on the diagnosis. Similarly, a clinician may not change a diagnosis following an unsuccessful insurance claim.
- 3.5.4. A clinician may not give any individual a diagnosis without them being present and engaged in an appointment.
- 3.5.5. In the case of minors, clinicians may not give any diagnosis to a child based on the report or information from parents or third parties. In such cases the clinician has to assign a diagnosis relating to being consulted about a child, which may in turn not be reimbursed by insurance providers.
- 3.5.6. If there is a current diagnosis by a psychiatrist from the clinic, the clinician will use the same diagnosis and, if needed, add additional diagnoses. However, clinicians reserve the right to assign a different diagnosis if they do not agree with the existing diagnosis.
- 3.5.7. Certain diagnoses are time limited and cannot be applied after the presenting concerns and symptoms have been present for a sustained period of time.

3.6. APPOINTMENT DURATION & FREQUENCY

- 3.6.1. Apart from psychoeducational and psychometric assessments, as well as appointments with psychiatry, appointments generally last 60 minutes: 50 minutes spent with the client, and the remainder for the clinician to perform mandatory clinical administrative tasks related to the client.
- 3.6.2. Appointment duration may differ between services, as well as between the initial appointment and subsequent appointments. The clinician will discuss this during the first appointment.
- 3.6.3. Frequency of sessions depends on the type of service provided, as well as the level of distress, risk and other factors. This will always be discussed in the first session.
- 3.6.4. If feedback and updates to parents need to be completed, whether in person or via email/telephone correspondence, this will typically be done at the end of the session and may also reduce the actual face time between the client and the clinician.
- 3.6.5. Any telephone conversations, emails or reports that require more than 15 minutes are generally deemed to constitute a session and will be billed accordingly at the clinician's rate.

3.7. TREATMENT EXPECTATIONS

- 3.7.1. Treatment duration varies based on the presenting concern and the specific goals or objectives worked on in that treatment.
- 3.7.2. No clinician is able to guarantee that a client's presenting concerns will be addressed or alleviated within a specific number of sessions.



- 3.7.3. Clients need to consistently attend routine appointments at the frequency recommended by the clinician. This is a critical factor in determining effectiveness of treatment provided.
- 3.7.4. The following client behaviour play a direct and critical role in the effectiveness of treatment:
 - 3.7.4.1. Attendance of appointments without environmental distractions.
 - 3.7.4.2. Maintaining open and transparent communication and sharing of information.
 - 3.7.4.3. Keeping a receptive and cooperative attitude.
 - 3.7.4.4. Scheduling routine appointments at the frequency recommended.
 - 3.7.4.5. Actively engaging and participating during appointments.
 - 3.7.4.6. Completing any between-session tasks and assignments (if given).
 - 3.7.4.7. Following treatment recommendations.
 - 3.7.4.8. Having reasonable expectations of how long treatment may take.
 - 3.7.4.9. Understanding that treatment is not something that is 'given' or 'done' to the client, but a collaborative process over time.
 - 3.7.4.10. Understanding that the treatment can bring up difficult emotions.
 - 3.7.4.11. Asking for clarification from, and giving to, the clinician if unclear or dissatisfied with the treatment process.

3.8. CHANGING CLINICIANS OR TRANSFERS

- 3.8.1. If a client feels that the fit with their clinician is not ideal, the clinic will always endeavor find an alternative clinician, provided there is clinician availability.
- 3.8.2. Clients are encouraged to share their concerns and experience with their clinician, or may request a change of clinician by writing to **clientcare@lighthousearabia.com**.
- 3.8.3. If a client stops attending sessions for a period of six months, they are considered inactive by the system. They can always contact the clinic to resume treatment, but may not be able to see the same clinician if their schedule does not permit. Active clients always have priority over inactive clients in terms of scheduling of appointments and clinician availability.
- 3.8.4. A clinician may transfer a client to another clinician, which means handing over the care of the client to another clinician and no longer being involved. This will always be discussed with the client in advance, or clearly communicated in some other way.

3.9. TERMINATING OR ENDING TREATMENT

- 3.9.1. The client (or parent/guardian in the case of minors) has the right to terminate treatment at any time without given reasons for doing so. However, it is more beneficial to discuss any concerns that may be contributing to wanting to terminate with the clinician. Having one or more sessions where the focus is working on termination is generally considered good practice and in the interest of the client.
- 3.9.2. A clinician reserves the right (and professional obligation) to withhold and/or terminate treatment:
- 3.9.2.1. If they are not able to assist the client effectively due to the nature of the treatment request, the conditions and/or expectations made by the client, and/or the ethical implications of providing treatment under certain circumstances.
 - 3.9.2.2. If concerns and/or symptoms identified fall outside of their area of training or expertise.
 - 3.9.2.3. If there are other factors impacting negatively on the client benefitting from treatment with them specifically.
 - 3.9.2.4. If the client (and parents in the case of minors) is not following treatment recommendations.
 - 3.9.2.5. If the client is already engaged elsewhere with treatment that may create conflicting demands or expectations, or may negatively impact on the client's wellbeing.
- 3.9.3. If a client cancels, misses or stops attending appointments, a clinician will respect the client's choice and will not pressure a client to return to treatment.

3.10. DUAL RELATIONSHIPS

- 3.10.1. Any relationship existing between a client and therapist other than a clinical relationship is not permitted (e.g., intimate relationships, business relationships). This protects the rights of clients and maintain the objectivity and professional judgment of the clinician.
- 3.10.2. In the event that a relationship outside the therapeutic relationship is unavoidable, this should be raised to the Clinical Governance Team by either the client or the clinician.

4. CLIENT EXPERIENCE

4.1. CLIENT RIGHTS

- 4.1.1. A client (and parent/guardian in the case of minors) has the right to expect clinicians to be punctual, to make sessions available at the frequency agreed upon, and to respond to communications in a timely manner. This includes providing appropriate cancellation notice.

- 4.1.2. A client has the right to request a different clinician (transfer), which will be accommodated provided there is clinician availability.
- 4.1.3. A client has the right to be clearly informed during the first few sessions of the treatment approach that will be followed, including expectations about the treatment process, methods used, and other related considerations.

4.2. COMPLAINTS, GRIEVANCES & DISPUTES

- 4.2.1. A client always has the right to raise a complaint, grievance or concern about their treatment or any part of the service they receive from the clinic.
- 4.2.2. Complaints should be addressed to **clientcare@lighthousearabia.com**. All complaints are investigated by the Clinical Director and the Clinical Governance Team.
- 4.2.3. Raising a concern or complaint will not affect the services a client receives, with the exception being complaints or allegations against either a specific clinician or the clinic as a whole where a conflict of interest is created. When this happens the Clinical Governance Team may be ethically required to transfer the client to a different clinician or terminate treatment.
- 4.2.4. The second exception is when a client raises disputes with regards to payment as defined in the Payment Policy. In these cases, the clinic reserves the right to release and/or refuse to offer appointments. The clinic's electronic system prevents the booking of new appointments if there are overdue fees.

4.3. CLIENT FEEDBACK

- 4.3.1. The clinic is committed to clinical excellence, learning from experience, and the ongoing professional development of all clinicians. For this reason, the clinic routinely requests feedback from clients.
- 4.3.2. The clinic's electronic system automatically generates feedback requests after the 1st, 3rd, 8th and 16th appointment, as well as when a client has not returned after a first appointment. In addition, the clinic always requests feedback about a clinician whenever a request to be reallocated to a different clinician is received.
- 4.3.3. No client is obligated to provide feedback, although the clinic values and actively use any feedback provided.
- 4.3.4. Unfortunately, it is not possible to deactivate these feedback requests, although the client reserves the right not to respond.

5. RISK

5.1. ASSESSMENT OF RISK

- 5.1.1. All clinicians have a duty to assess, record and manage risk. In cases of high risk to self, risk to others, or risk from others, clinicians have a professional and legal obligation to report such risk and/or breach confidentiality by informing the emergency contact identified by the client.

- 5.1.2. Clinicians routinely assess and monitor the following types of risk:
 - 5.1.2.1. Risk to self (e.g., deliberate self-harm, suicide, severe eating disorders)
 - 5.1.2.2. Risk to others (e.g., violence, behaviour endangering others, abuse, neglect, criminal and illegal behaviour)
 - 5.1.2.3. Risk from others (e.g., exposure to inappropriate material, bullying, neglect, abuse)

5.2. EMERGENCY CONTACT

- 5.2.1. A client is required to provide an emergency contact prior to starting services with the clinic.
- 5.2.2. An emergency contact is the person who will be contacted in the event of an emergency related to a client's physical or mental health and well-being. This can be, but does not have to be, next of kin (i.e., spouse, adult children, siblings or parents). It is important that the emergency contact is a trusted adult who is accessible and can be responsive in any urgent situation.
- 5.2.3. The emergency contact needs to reside in reasonable travel distance from the client for immediate accessibility. An additional emergency contact may be required if the client is abroad, where one of the emergency contacts needs to be in the same area as the client.
- 5.2.4. A client may also be required to provide an additional emergency contact to more effectively manage risk in the community and out-of-hours.
- 5.2.5. An emergency contact can be contacted when there is a reason for substantial concern about the client's safety to themselves or others. In these circumstances confidential information relevant to providing support will be shared, and this is considered a justified breach of confidentiality. Such a breach will always be done with the client's best interests in mind and, where possible, the client will be informed of the necessity to do so in advance.

5.3. CLINICAL GOVERNANCE TEAM

- 5.3.1. Clinicians have a professional duty to engage in ongoing and routine clinical supervision and peer consultation about all clients.
- 5.3.2. When risk, potential ethical concerns, conflicts of interest or similar concerns have been identified, the clinician is required to consult with the Clinical Governance Team.
- 5.3.3. The Clinical Governance Team may direct the clinician with regards to the management of specific issues. This usually involves giving specific treatment recommendations.
- 5.3.4. When the Clinical Governance Team deems it necessary, as well as when requested by the clinician, they may also become more directly involved in scheduling a case

management meeting where the client (and parent/guardian if a minor) will be brought together to discuss and plan treatment.

- 5.3.5. The Clinical Governance Team can be contacted at **clientcare@lighthousearabia.com**.

5.4. TREATMENT RECOMMENDATIONS

- 5.4.1. In the course of treatment, clinicians may at different times make treatment recommendations.
- 5.4.2. Treatment recommendations are always based on what is required for the treatment to be effective and/or to manage risk.
- 5.4.3. If a client ignores, declines or refuses to follow treatment recommendations, the clinician reserves the right to discontinue treatment.
- 5.4.4. The following are examples of the most common treatment recommendations made:
- 5.4.4.1. To be consistent in attending sessions, or to attend sessions at a specified frequency.
 - 5.4.4.2. To attend emergency services and/or inpatient psychiatric services for assessment and possible admission.
 - 5.4.4.3. To attend an assessment, whether urgent or otherwise, with a psychiatrist and follow all subsequent treatment recommendations, which may include taking medication.
 - 5.4.4.4. To attend a GP and have certain blood tests or other diagnostic procedures completed to identify potential physical risks.
 - 5.4.4.5. To attend regular sessions with another mental health professional in the same locality as the client to more effectively monitor risk and provide a professional response in case of emergency (where a client lives abroad).
 - 5.4.4.6. To see additional clinicians to address problem areas that impact on the current treatment (e.g., an individual in couple therapy may be asked to also see a clinician for individual therapy).
 - 5.4.4.7. To provide an additional emergency contact to more effectively manage risk in the community and out-of-hours.
 - 5.4.4.8. To attend a case management meeting where the client, relevant relatives, clinicians and senior clinicians attend with the view to discuss and plan more effective treatment, transparency, communication and management of risk and other factors.

5.5. EMERGENCY SERVICES IN THE UAE

- 5.5.1. If a client experiences a psychiatric emergency, or is seriously considering self-harm or suicide, or a risk to others, they should not wait for an appointment but contact emergency services immediately:
- 5.5.1.1. Al Amal Psychiatric Hospital (04 519 2500)
 - 5.5.1.2. Al Jalila Children's Specialty Hospital (800 2524)
 - 5.5.1.3. Dubai Foundation for Women and Children (04 606 0300 / 800 111)
 - 5.5.1.4. CDA Child Protection Center (800 988/child@cda.gov.ae)

6. SPECIFIC AGE GROUPS & TREATMENTS

6.1. MINORS (Individuals age < 18)

- 6.1.1. A clinician will always disclose to parents when a minor discloses risk to self or others, as well as when a minor discloses dangerous, illegal or criminal activity.
- 6.1.2. In accordance with Wadeema's Law, physical, emotional or sexual abuse, exploitation, exposure to inappropriate material and neglect will be reported to the relevant authorities irrespective of consent given to do so by either minor or parent, and potentially without informing the minor and/or parent(s) if doing so may increase risk.
- 6.1.3. A minor cannot register themselves for our services. This can only be done by a parent or legal guardian (if parents are divorced). The person registering a minor will be required to make a statement regarding their legal right to register the minor for health services. The clinic does not take responsibility if fraudulent claims are made with regards to the adult's claims with regards to these rights.
- 6.1.4. Both parents have the right to be informed about a child's diagnosis and treatment, and during registration the information of both parents will be requested. The clinic does not take responsibility, and is not able to investigate, claims with regards to one parent not being contactable or permitted to be involved in the care of a minor.
- 6.1.5. During the first session with the parent(s) the clinician will obtain the contact information for the second parent if not present to ensure both parents are informed of the treatment of their child, as per the rights of the child and the parents.
- 6.1.6. A clinician will provide parents with a verbal summary of the work upon treatment completion if this is required and requested.
- 6.1.7. Parents will only be provided with general feedback during scheduled sessions (usually 30-min or 60-min sessions charged at our usual rates). Any requests for written feedback and/or reports will be charged pro rata at the clinician's rates. This excludes any routine reports that are agreed in advance between the clinician and the client.
- 6.1.8. The clinician may insist that part of the treatment of a minor requires the active involvement and participation of the parent(s). In the event that parents refuse to become involved as required, the clinician reserves the right to terminate treatment.



- 6.1.9. In the event that there is disagreement between parents with regards to appointments, treatment or other aspect of service delivery, the clinic and/or clinician will not become involved as mediator. Services to the child may be suspended until the parents reach an agreement.

6.2. YOUNG ADULTS (Individuals 18 - 21)

- 6.2.1. If a client is considered a young adult (age 18 – 21) the clinic will insist that the parent(s) remain involved in treatment if any of the following applies:
 - 6.2.1.1. The young adult is on prescribed psychiatric medication.
 - 6.2.1.2. The young adult is still living with the parents and/or financially dependent.
 - 6.2.1.3. The young adult presents with risk as assessed by their clinician.
- 6.2.2. The above is a requirement to ensure that the clinic can continue to provide safe and consistent treatment.
- 6.2.3. Should the young adult refuse consent for the parents to remain involved and be included in the treatment process, and the related extensions of confidentiality relating to critical concerns, the clinic reserve the right to refuse treatment.

6.3. MULTI-CLIENT THERAPY (Couple, Family or Relational Therapy)

- 6.3.1. When two or more adults (and/or minors) attend treatment focused on the relationships between two or more individuals, all adults are required to be registered on the clinic's electronic system and sign the consent form for appointments after the initial intake appointment. For the initial appointment only the person contacting the clinic needs to be registered.
- 6.3.2. A clinician seeing multiple individuals will focus on the relationship as a whole, with treatment goals and objectives reflecting the needs and experience of all individuals, irrespective of who initially sought the intervention.
- 6.3.3. If the individuals attending do not have a shared objective for therapy, or show clear contraindications for therapy, the clinician may decline to start, pause or terminate therapy if continuing therapy would be biased and untenable in their clinical judgment.
- 6.3.4. A clinician continuously assesses risk, and may make specific treatment recommendations and/or terminate therapy in service of the best interests and safety of individuals.
- 6.3.5. If minors are involved, their safety and best interests will always be given priority in terms of clinical interventions and recommendations.
- 6.3.6. Multi-client therapy always involves a "NO SECRETS" policy and a clinician will not keep or withheld information between individuals. A clinician may also pause or terminate treatment until there is full disclosure.
- 6.3.7. A clinician does not respond to, or engage in, any form of communication with one individual in the absence of the other, or without inclusion and consent of the other, with the exception of routine arrangements around scheduling (and with the exception of there being only one adult in the treatment). However, this may be



subject to change at the discretion of a clinician, should it be untenable for specific reasons, or if it may jeopardize the safety of an individual and/or the efficacy of the treatment.

- 6.3.8. Any request by one adult to access or release information or reports about the therapy must have the written consent of all adults involved. If one individual objects, information will not be released without an order from a health regulator or court.
- 6.3.9. In case of legal proceedings (e.g., divorce, custody cases) where one adult wishes to access treatment summaries, reports or opinions to support such legal proceedings, this must be clearly communicated and agreed by all adults prior to the start of treatment. A clinician reserves the right to decline this request if clear disclosure was not made at the start of treatment. Any requests that occur during or after the therapy has been discontinued will not be considered.
- 6.3.10. The making of audio and/or video recordings of multi-client appointments is strictly prohibited by the clinic and no clinician is able to give consent to such recordings. This is to protect the therapeutic space and avoid the potential misuse of the content of appointments. The only possible is if this is a requirement as part of the ongoing professional development of the clinician, in which case this will be discussed and agreed in advance and in writing with the client(s).

7. SPECIALIST REPORTS

7.1. CLINICIAN'S ETHICAL OBLIGATIONS

- 7.1.1. In writing a report, or completing any other forms or documentation as requested by the client, the clinician has a legal, professional and ethical obligation to be comprehensive in sharing all relevant information, diagnoses, opinions and recommendations based on their clinical judgement, irrespective of whether the client agrees with these.
- 7.1.2. The clinic and all clinicians reserve the right to refuse to provide a report or other documentation if a client (or parent/guardian in case of a minor) insists that certain information be omitted/included/changed.
- 7.1.3. If a client requests a report after not having been in treatment with a clinician for four months, the clinic and clinician will not be able to provide the report since it is not permitted to provide historical reports. The clinic will only be able to provide a Treatment Statement which specifies dates attended and diagnoses given.
- 7.1.4. No clinician is permitted to write a report based on the clinical notes or reports of another clinician. Similarly, the clinic cannot provide reports based on the clinical notes of clinicians who have since left the clinic and where such a report is not already on record.

7.2. REQUESTS FOR EXPERT REPORTS

- 7.2.1. An expert report is any report where a clinician with specialist skills and/or training comment on a specific question as an expert, based on having completed an appropriate specialist assessment using standardized and/or professionally recognized measures.

- 7.2.2. If such an expert report is required, the client needs to communicate this in writing at the time of registration to ensure that the clinic can determine whether it is able to provide such a report and whether there is a clinician with the required scope of practice and/or specialist skills and training to perform the assessment.
- 7.2.3. Requests for expert reports need to clarify who is requesting the report (e.g., school, court, police) and the specific question the report is expected to address (e.g., confirm diagnosis, comment on parenting ability, etc).
- 7.2.4. An expert report can never be provided retrospectively if the actual assessment and/or treatment provided was not clearly of the same scope as the report requested. Due to this a clinician has the right to refuse the request for an expert report.

7.3. MEDICAL LEAVE

- 7.3.1. Sick leave, medical leave, short term disability leave or any similar statements or reports recommending absence from work, or special allowance/accommodations due to mental health concerns, may only be provided by a psychiatrist, irrespective of this being a formal report or informal recommendation.
- 7.3.2. Medical leave is granted based on a professional assessment by a psychiatrist, and the psychiatrist has a professional and ethical obligation to decline such leave if not appropriate.
- 7.3.3. If a client is requesting medical leave the appointment has to be in person, and cannot be done via teleconsultation, due to the psychiatrist needing to assess the person to ensure a comprehensive assessment.
- 7.3.4. A psychiatrist may make a recommendation for medical leave, however, it may be (a) the company's HR department (b) manager(s), (c) an occupational health psychologist employed by the company and/or (d) a third-party assessing organization who are likely to 'grant' or accept the recommendation.
- 7.3.5. A psychiatrist will provide recommendations and/or reports directly to the client, and will not engage or contact a third party and/or employer on the client's behalf.
- 7.3.6. It is clinic policy that a psychiatrist will not provide more than four weeks of leave on the first instance.
- 7.3.7. A psychiatrist will liaise and obtain feedback from any other the clinic clinicians involved in the care of a client in reviewing medical leave. This does not constitute a breach of confidentiality since it is in line with a collaborate approach to care.
- 7.3.8. The decision to recommend and/or extend medical leave is at the sole discretion of the psychiatrist, who will consider the recommendations of other clinicians providing services to the client, but are not obliged to follow such recommendations.