
Confidential Client Information and Consent Form

Name (First and Last): _____

Address: _____

Phone: _____ indicate whether home or cell

Can I leave a confidential message at this number? _____

Email address: _____

Emergency contact: _____

Referral Source: _____

Confidentiality

All information provided (verbally, written, and otherwise) during your sessions and as part of the intake process will be kept confidential by me, except under the following circumstances:

- I may disclose limited information to necessary people without your permission if I have clear evidence that you are a serious danger to yourself or others.
- I am mandated to breach confidentiality if I learn of an incident of child or elder abuse by you or anyone else.
- There are also some situations where the court can mandate that I release your records.
- I frequently discuss my client's cases anonymously with my supervisor, peers and colleagues to enhance my own learning and hold myself accountable to the work we are doing together.

Fees

My fees per session are \$100 CAD per hour (unless sliding scale fee is negotiated). Cash, cheque, e-transfer and credit card are accepted for in person appointments. Payment is due during each session.

Scheduling

After an initial session together, we will assess whether our therapeutic relationship is a fit for both of us. I recommend starting with weekly sessions.

Cancellation of Appointments:

Twenty-four (24) hours notice is required or you will be charged for the missed appointment. Cancelled appointments need to be received via voicemail.

Termination of Psychotherapy

Once you begin regular therapy, you of course have the right to terminate therapy any time you wish. However, in some circumstances people feel that they want to stop therapy when they are about to face something that is uncomfortable, yet potentially very fruitful. For this reason, I request at least two sessions notice—one to discuss termination and make a plan for closure, and the second to summarize our work together, plan your next steps, and bring our work together to a successful close.

Your signature below indicates that you have read, understand, and agree to all policies and statements within this document.

I sincerely look forward to working with you!

Client name or responsible person (print)

Client or responsible person (signature)

Date