



Service Consent Form

In signing this document, I am indicating that I have reviewed the following information with the Practitioner and have been provided with an opportunity to ask questions and discuss any concerns.

- Services are voluntary.
- The fee schedule has been discussed and agreed upon (\$180 for initial appointment and \$150 for follow up appointments).
- Practitioner has discussed the purpose of information gathered.
- The information gathered for service provision is kept confidential with exceptions including risk of harm to self or others, legal requirements for disclosure such as court order, subpoena or legislation, and consultation for Practitioner to ensure highest quality of service. Should disclosure occur, minimum amount of information to be disclosed and (if possible) non-individually identifying information. Efforts would be made to inform client of disclosure prior to doing so based on individual situation.
- The Practitioner has explained their qualifications and certification/registrations.
- The Practitioner has discussed potential risks and benefits of engaging in therapy/counselling work.

Client Signature

Date

Client Printed Name

Witness Signature

Witness Printed Name