



INFORMED CONSENT

NOTE TO CLIENT: Your informed consent is needed to provide services and to keep records of your personal information. This means that I want you to understand the services I will provide to you and what I do with the personal information obtained about you. If you have any questions please ask. The boxes below represent your authorization that you understand what you are consenting to.

Counselling/Psychotherapy services to be provided:

- **Initial Assessment** – which will include discussion of presenting concerns
- **Ongoing Therapy Services** – ongoing therapy sessions to address concerns identified by client
- **Therapy Consultation** – involves developing and sharing treatment recommendations with my clinical supervisor/consultant as necessary

CONSENT FOR COST OF SERVICES

- Therapy services, which include but are not limited to initial assessment, ongoing therapy intervention to meet client goals costs \$150.00. Requested reports will also be \$150.00 per hour of work. There are factors that may influence these costs (such as additional materials required, etc.), but any changes will be discussed before the service is provided. A separate consent form will be required should reports be requested by 3rd parties such as Insurance Companies, Physicians, etc.
- Missed Appointments will result in a fee of \$150.00. 24-hour notice is expected.
- Payment is due at the end of each appointment. Payments are accepted by cash or e transfer. A receipt will be provided once payment is received.

INDICATION OF INFORMED CONSENT

By signing below, you agree that you have been informed of the relevant information and that you are providing your informed consent to proceed with the indicated services.

Name

Date

Signature