

## Consent to Counselling Services

Your signature below confirms your acceptance of the following terms of service. Full details are described in the “Conditions of Counselling Services” document that has been provided to you.

- ✓ Due to the collaborative nature of our work, no therapy can guarantee results.
- ✓ All information collected in the course of our work together will be held in strict confidence. I may consult with a clinical supervisor about your case, and this supervisor is also bound maintain your privacy and confidentiality. I use practice management software, and all employees of this firm are bound by privacy law.
- ✓ There are certain circumstances when I may be obligated by law to break confidentiality:
  - If I believe you or someone else is at risk of serious harm and information I have might prevent that harm;
  - If a child under 16 is at risk of harm I am required to notify the authorities;
  - If I am subpoenaed by a court of law or presented with a search warrant.
- ✓ Because your privacy is important to me, I will not acknowledge you as my client in public. You are free to greet me or not, as you feel comfortable in the circumstances.
- ✓ Fees are due at the beginning of each session. Non-payment of fees will result in the suspension of service until the outstanding balance is paid.
- ✓ Appointments missed or cancelled with less than 24 hours advance notice will be billed at the regular rate. The time stamp on your chosen notification method (voicemail, email, text message) will be used to calculate the notice period. Your credit card pre-authorization will be used to settle your account, unless you make alternate arrangements.
- ✓ You may request a copy of your record at any time up to seven (7) years from the last date of service. If multiple people attend a session, all attendees must consent before records can be released.
- ✓ You may contact me through email, text, or a confidential voicemail. I will return your message within one business day (Monday through Friday). Email and text are not private and should only be used for administrative matters such as scheduling.
- ✓ As a solo practitioner, I am not able to respond to crisis situations. In case of emergency, please contact crisis resources that have been discussed.

I agree to these terms of service:

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Client signature

Date

## Credit Card Pre-authorization

As per our cancellation policy, cancellations with less than 24 hours' notice and no-shows are billed at the regular rate. If you have not arrived within 30 minutes of the scheduled start of your session, you will be deemed a no-show. The time stamp on your chosen notification method (voicemail, email, text) will be used to calculate the notice period.

This authorization is only valid for no-shows and late cancellations. All other fees will be charged at the time of the session.

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Name on card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_\_ CSC (3-digit code) \_\_\_\_\_

Postal code (of billing address): \_\_\_\_\_

Your signature below authorizes your credit card to be billed for the usual amount of your booked session (\$110 for 60 minutes or \$150 for 90 minutes) in case of late cancellation or no-show:

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Signature

Date

## Confidential Client Information

Please fill out the following fields as completely and legibly as possible. Information provided on this form will be kept confidential, as described by our privacy policy on the 'Conditions of Counselling Services' document.

Your legal name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Current occupation & employer: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Voice message ok?  Yes  No      Text message?  Yes  No

Alternate phone: \_\_\_\_\_

Voice message ok?  Yes  No      Text message?  Yes  No

Email address: \_\_\_\_\_

Appointment reminders?  Yes  No      Receipts?  Yes  No

Relationship status: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

Spouse/partner's name: \_\_\_\_\_

Children (gender, age): \_\_\_\_\_

\_\_\_\_\_

Person to alert in the event of medical emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe any physical health issues you think I should know about (e.g., serious allergies, chronic conditions, cancer survivor, etc.)

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Please list any medications or supplements you currently take, and for what condition:

Medication or supplement	Condition

Have you had previous psychotherapy or counselling?  Yes  No

Have you ever been hospitalized for a psychological difficulty?  Yes  No

If yes to either question, please give the dates and the nature of the difficulty at the time:

Month/year	Issue(s)

Therapy can be a powerful force for change. In order for it to be most effective, it helps to have a clear and specific goal. What do you want to accomplish in therapy?

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How did you hear about Georgian Bay Counselling?

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|----------------------------------------------------|-----------------------------------------------|------------------------------------|
| <input type="radio"/> Family or friend             | <input type="radio"/> Internet search         | <input type="radio"/> Sign         |
| <input type="radio"/> Doctor or other professional | <input type="radio"/> Newspaper advertisement | <input type="radio"/> Other: _____ |