

## CONSENT TO SERVICES

I, , give permission and consent to Lori Dennis, M.A., Registered Psychotherapist, to provide counseling and psychotherapy services, including consultation, assessment, and treatment.

### LIMITS OF CONFIDENTIALITY

All information discussed in the process of counselling is held confidential and will not be shared with a third party without the client's knowledge and written permission -- except where required by law, which includes a situation where a client:

- Threatens serious physical harm to either himself/herself or to someone else.
- Reports physical or sexual child abuse (even if the victim is an adult now), if there is reason to believe that the accused abuser is still in a position to abuse other children.
- Reports serious misconduct of any registered health professional
- And/or the client's clinical file is subpoenaed.

### PRACTICE POLICIES

All counselling appts are 55 minutes in length and the fee is \$320.00 per hour, including HST. If you'd like a longer session, that can be arranged. Payment is due at the end of every session and may be paid by Visa or MasterCard. Etransfers are welcome 48 hours in advance of your appt.

I do not offer emergency services. In case of an emergency, please call 911, contact your family practitioner, or go to the Emergency department of any hospital.

### CANCELLATION POLICY

If you need to cancel or re-schedule your appointment, I require notice of 48 business hours in advance of the scheduled session. Without such notice, you will be billed the full amount for the missed session. Given my cancellation policy, I may process payment up to 48 hrs. prior to your session.

### PRIVACY POLICY

My primary purpose for collecting information is to provide you with psychotherapy and counseling services. The information I collect may include information about your health history, your family/childhood history, and your current life including physical and psychological conditions and functions in order to assess your needs and advise you of treatment options. I am committed to collecting your personal information only to the extent necessary for the services I provide, and then using, disclosing and protecting it responsibly.

**I have read, understand, and agree to the contents of this Consent Form including all Limits of Confidentiality, Practice Policies, Cancellation Policy, and Privacy Policy.**

Client Signature:

Date: