



**Sweetgrass & Sage  
Counselling and Assessment Services**

**25 Wentworth St., Unit 102**

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**Consent for Clinical Supervision**

I, \_\_\_\_\_ born on \_\_\_\_\_ and now living in \_\_\_\_\_ agree to take part in the clinical supervision provided by Sweetgrass & Sage Counselling and Assessment Services. I understand that a cost for services will be \$75 per session (including 10 minutes of administrative time) which will be paid for by \_\_\_\_\_.

I agree to the following conditions:

1. All information I reveal to Sweetgrass & Sage Counselling and Assessment Services will be kept confidential between and Sweetgrass & Sage Counselling and Assessment Services, unless:

- I give written permission to release information to other people.
- I present a danger to myself, other people or their property (in which case Sweetgrass & Sage Counselling and Assessment Services will warn and / or protect anyone whom I might harm and will contact the police or a child welfare agency if necessary).
- I fail to pay my bill (in which case Sweetgrass & Sage Counselling and Assessment Services may identify me and the services I have received to a collection agency).
- Nova Scotia or Canadian law require otherwise.

2. I will pay Sweetgrass & Sage Counselling and Assessment Services in full for all clinical supervision for which I have accepted an appointment whether I keep that appointment or not, unless I give at least twenty-four hours notice of cancellation for that appointment.

3. I understand that if I am late for a supervisory appointment, I will pay in full for the appointment time, which will be shortened by the amount of time I am late. If I am more than 30 minutes late for a supervisory appointment it will be cancelled, in which case I agree to pay in full for that appointment.

I understand that this agreement shall stay in effect until one year after all fees for services are paid.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

Signature of Witness

Date