



**Sweetgrass & Sage
Counselling and Assessment Services**

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Consent for Clinical Services for Self

I, _____ born on _____ and now living in _____ agree to utilize the services provided by Sweetgrass & Sage Counselling and Assessment Services. I understand that a cost for services will be \$175.00 (or _____) an hour (including 10 minutes of administrative time) which will be paid for by Self _____ or Other _____ (Print Name) _____.

I agree to the following conditions:

1. All information I reveal to Sweetgrass & Sage Counselling and Assessment Services will be kept confidential by Sweetgrass & Sage Counselling and Assessment Services, unless:
 - I give signed 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 all appointments I have accepted whether I keep that appointment or not, unless I give at least twenty-four hours notice of cancellation for that appointment. In the event that and appointment is missed or the minimum twenty-four hours notice of a cancellation is not provided **I will pay the full hourly rate of \$160.00** for that appointment.
3. I understand that if I am late for an 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 an appointment it will be cancelled, in which case I agree to pay in full for that appointment.

This agreement shall stay in effect until one year after all fees for services are paid.

Signature of Client

Date

Signature of Therapist

Date