

# GRACERENEWAL COUNSELLING SERVICES

## CONSENT, FEES & CANCELLATION POLICY

I/We \_\_\_\_\_ have been informed about and accept to receive counselling services from **GraceRenewal** with the Registration #832807. I/We made contact and discussed the theoretical framework and the techniques that we will employ in the therapy session. I/We understand that we can discontinue therapy at any time but have been encouraged to persevere given that the therapeutic process can sometimes be difficult.

I/We have been informed that I/we may experience uncomfortable feelings but have been reassured that working together with the therapist to tolerate these emotions may provide an opportunity to resolve concerns and attain a more empowered life.

### ***Confidentiality***

Anything pertaining to the therapy sessions shall not be released to anyone without my/our written permission. The only exception to this right of confidentiality would be in situations mandated by law:

1. If a client threatens to harm self or others, the therapist is obligated to seek hospitalization for them or to contact family members or others who can help provide protection.
2. If a client communicates an imminent threat of serious physical harm to an identifiable victim, the therapist is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
3. If the therapist receives any information that in their professional capacity gives reasonable cause to suspect that a child is at risk and needs protection, the law requires that this be reported to the appropriate local ministry or child protection services.

### ***Contacting***

Due to work schedules, the therapist may not be available immediately by telephone. The therapist will make every effort to return your call within 24 hours, except for holidays. If unable to reach the therapist and in cases of emergency, please contact your family physician or the nearest hospital's emergency room and ask for help.

I/We do understand that the Internet is not a protected space and therefore I/we cannot be guaranteed the same level of confidentiality once I/we have put anything into cyberspace.

**Costs**

Each session will run 55 - 60 minutes in length. The therapy fees are reassessed each year for January 1<sup>st</sup> and the current rates are published on the website.

**Cancellation Policy**

In order to cancel an appointment, I/we agree to give 24 hours' notice, or I /we will be billed for the session according to the professional guidelines. In order to cancel an appointment and ensure that the allotted time has been provided, I/we agree to call the therapist or send an email within 24 hours to the scheduled time.

I/We have read and addressed any questions I/we have about this consent form with the therapist. In signing today, I/we confirm that I/we fully understand its contents.

\_\_\_\_\_  
**Client Signature(s)**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Client's Parent/Guardian if under 18**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Counsellor's signature**

**Date:** \_\_\_\_\_