



Counselling Agreement

The relationship between you and me is a professional one whereby I will provide you with therapeutic counselling and its related issues. I specialize in Substance Abuse, Anxiety, Gambling, Stress, Anger Management, Family Issues, Court Issues, Marriage Issues, Grief Counselling and Depression. I am a certified and regulated Member of the Ontario Association of Consultants, Counsellors, Psychometrics, and Psychotherapists (OACCPP), Canadian Professional Counsellors Association (CPCA), and Registered Clinical Counsellor as well. I have demonstrable experience as a Certified Counsellor; I have counselled for both Dalton Associates (Anger Management Counselling Practice) and for this Centre Break Free Family Centre (BFFC). Everything that you communicate to me is confidential unless I have your written permission to disclose information to a third party.

From time to time, I may be discussing your case with my supervisor in order to receive assistance/feedback so as to provide the best possible service to you. Your name will not be used when referring to your case. Information collected from this program, which is used from time to time for the purposes of research, will protect all clients' confidentiality with the use of Pseudonyms.

It is important to note that there are limits to confidentiality in the following three areas:

1. The requirement to report incidents of child abuse
2. To comply with a court ordered subpoena
3. To prevent harm to yourself or another person should such plans be disclosed

The Intake session is two hours in length and the fee is two hundred (\$200.00). Each counselling session is one hour in length and the fee is one hundred and thirty dollars (\$130.00). Payment is expected by the end of every session.

Please note, for re-scheduling or cancelling appointments, we require a twenty-four (24) hour notice. There will be a fifty-dollar (\$50.00) charge without advance cancellation notice.

I have read and understand the contents of the Counselling agreement

Client Signature: _____

Witness: _____

Date: _____

