Cedar by the Sea Therapy

Child & Family Counselling

Client #:_____

Sex:_____ Current age:_____

Physician & Clinic #:_____

Parent Name:_____Phone#:_____

Therapy is most effective when a trusting relationship exists between the counsellor and the child/adolescent. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between the children and their parents. It is critical to the therapeutic process for your child to feel free to discuss personal matters without fear. Therefore, it is my policy to provide you with general information where needed about your child's treatment status. I will not share with you what your child has disclosed without first obtaining your child's consent.

I, the undersigned, have read and give consent to the following conditions:

- I understand that my therapist maintains the strictest of confidentiality in order to protect the client.
- Confidentiality is broken only when written permission is granted by the client or when the therapist believes a client or persons life is in danger or when mandated by law, such as when the therapist has knowledge of child abuse or is subpoena by a court of law to testify.
- I understand that I am free to ask the therapist about his or her credentials or anything about this contract and that I may elect to end therapy at any time, thus ending the contract.
- If I have any need to review the terms of the this contract and details of how the office works I can go to CedarTherapy.ca.

In choosing to continue with therapy, I am accepting the terms of the contract. I understand the purpose of attending counselling and consent to it.

Date_____ Parent Signature_____

Fees for service are $130.00 per 50 minute session and due upon date of session. Fees must be paid prior to the booking of future appointments. Portions of hours will round up or down in quarter increments. Cancellation fee of $130.00 will be charged unless more than 24 hour notice is given prior to the appointment. *Please initial*:_____