



# Cedar by the Sea Therapy

## Child & Family Counselling

|                               |
|-------------------------------|
| Client #: _____               |
| Sex: _____ Current age: _____ |
| Physician & Clinic #: _____   |
| Client Phone#: _____          |

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](http://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 \_\_\_\_\_ Client 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:* \_\_\_\_\_