



Informed Consent/Office Policies

Welcome to L. Freer Counselling. As a licensed therapist, I am governed by various laws and regulations and by the code of ethics of my profession. The ethics code requires that I make you aware of specific office policies and how these procedures may affect you.

Clients Rights: Our relationship is strictly voluntary and you may choose to leave the therapy relationship anytime you wish.

Payment Fees: I accept cash, cheque, E-Transfer and PayPal. A receipt will be issued when payment is received.

Phone Accessibility: I will return calls as soon as possible should you need to speak to me between sessions. However, I cannot guarantee an immediate return call when left a voice mail message. Efforts are made to return calls within four hours. If you have an immediate emergency, please call 911 for help. In the event of a lengthy telephone session, you will be charged at the hourly session fee.

Cancellation Policy: If you need to cancel or reschedule an appointment, please notify me as soon as possible, at least 24 hours in advance, so that I can fill the hour. If so, you will not be charged. This is necessary because a professional time commitment has been set aside and held exclusively for you.

Limits of Confidentiality

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client.

Noted exceptions are as follows:

Duty to Warn and Protect: When a client discloses intentions or a plan to harm another person, the counsellor is required to warn the intended victim and report the information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the counsellor is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults: If a client states or suggests that he or she is abusing a child or vulnerable adult or has recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, the counsellor is required to report this information to the appropriate social service or legal authorities.

Complying with Subpoena: In the event that a court of law has ordered confidential client information, the counsellor is required by law to obey this order.

I understand fully the limits of confidentiality and other info as described above. I understand that I have the right to ask my counsellor for clarification on any questions regarding the information above to make a clear and informed decision. I understand this consent is voluntary and I can choose to withdraw my consent at any time.

Name: _____ Date _____

Signature: _____ Counsellor Initial _____
(If a minor please have parent or guardian sign as well)

Parent/Guardian name: _____ Signature: _____