

Agreement and Consent for Counselling

The following constitutes the basis of the agreement

1. Christine Slonetsky is a registered social worker with the Ontario College of Social Workers and Social Service Workers. She is committed to providing you with professional counselling services to assist you with the resolution of your concerns.
2. Services provided by Christine Slonetsky does not include offering legal advice.
3. Conflict of interest, should it arise, will be disclosed to the client and resolution will be negotiated with the client.
4. In the event of a dispute between the client and Christine Slonetsky, both agree to enter mediation to resolve the conflict, the cost of which will be assumed equally by both parties.
5. The client and/or therapist may withdraw from the treatment at any time. It is understood that best efforts will be made to address the concerns leading to termination.
6. All written and oral communications, including case notes, will be retained in a locked cabinet or office when not in use, for a period dictated by law. Personal information specifically your name, address and phone number is used by Discover Health Centre for the purpose of contacting you to schedule an appointment or to invoice you for treatment sessions. This personal information may also be used in the case of default on payment to involve the Credit Bureau to secure monies owing.
7. Confidentiality will otherwise be strictly maintained, as dictated by affiliate college standards and the Privacy Act. Exceptions to this rule are as follows:
  - i. All parties consent in writing to disclose the information compiled in treatment process.
  - ii. Communication reveals intent to commit a criminal act, inflict bodily harm or threaten the safety of a child under the age of 16
  - iii. Information disclosed reveals the abuse of a child or children under the age of 16
  - iv. Release of client information is required by law.
  - v. Disclosure is necessary and relevant to an action alleging willful and wanton misconduct of the counselor or the Centre.
8. Fees for counseling shall be \$ \_\_\_\_\_ per session hour (50 minutes)
9. The client agrees to pay the fees for each session at the time of service, unless other arrangements are made with the Centre.
10. Missed sessions will be billed for the full amount unless the client cancels or reschedules 24 hours in advance.

By our signatures below, we acknowledge and agree to the terms listed above. To be completed by client and/or Legally Authorized Guardian:

\_\_\_\_\_

Print Name of Client

Name of Legal Guardian (if applicable)

I \_\_\_\_\_ have read,  
understood and acknowledge the above statements.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Therapist Signature