

Kristy Carroll RMFT
Individual, Relationship & Family Therapy
(204) 299-2554

Confidentiality: We understand that the information we provide will be kept in strict confidence by our therapist. There are only two times when confidentiality will be broken, both of which are mandated by law. These are: 1) when sexual, physical, or emotional abuse of a child is disclosed, and 2) when the life of a client or any other person is in danger. The proper persons will be informed in both cases.

Consultation: We understand that our therapist will be consulting with clinical consultants on a regular basis; that the information we provide about ourselves will be handled professionally and confidentially, and that these discussions will be for our therapeutic benefit.

Court appearances: We understand that our therapist will not appear at, or participate in court proceedings. Therefore we agree not to request this of our therapist.

Fees/Cancellations: We agree to pay the fee of **\$125 for a 75 minute*** session.
**(65 minutes of therapy, 10 minutes of administration to collect payment, book the next appointment & update file notes).* We understand that we will be charged the full fee for appointments missed or cancelled without 24 hours notice.

Technology: By checking this box, we agree to be contacted through e-mail for the purpose of appointment scheduling and follow up. We understand that our therapist will not be immediately available via email and that in the case of emergency, the Klinik crisis lines are available anytime at 204-786-8686. We also understand that for short notice cancellations, it is best to contact our therapist directly by telephone.

Agreement: We understand and agree with the policies as presented above.

Client(s) Signature:

Date:

Therapist Signature:

Date:
