

Kristy Carroll RMFT
Individual & Relationship 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 a client is at risk of hurting themselves or others. The proper action will be taken in both cases to ensure imminent safety.

Consultation: We understand that our therapist will be consulting with colleagues; 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 **\$125 + 5% GST for a 75* minute session.**
**(65 minutes of therapy, 10 minutes of administration).*

We understand that a booked appointment is for our exclusive use and when it is cancelled with short notice, or missed altogether, it is often too late or impossible to offer this time to someone else and the appointment time goes unfilled. For this reason, we understand that a full 24 hours is required for canceling appointments, for any reason, and that if we cancel with less than 24 hours notice, **we agree to pay a late cancellation/no show fee of 50% + GST, due at the time of cancellation.** Similarly, we understand that if our therapist needs to cancel our appointment without 24 hours notice, a credit of 50% will be applied to our rescheduled appointment.

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 Clinic 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:
