

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

Confidentiality: I (we) understand that the information I (we) provide will be kept in strict confidence by my (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: I (we) understand that my (our) therapist will be consulting with colleagues; that the information I (we) provide about myself (ourselves) will be handled professionally and confidentially, and that these discussions will be for my (our) therapeutic benefit.

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

Fees/Cancellations: I (we) agree to pay **\$100 + 5% GST for a 60* minute session** **(50 minutes of therapy, 10 minutes of administration)*.

I (we) understand that a booked appointment is for my (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, I (we) understand that a full 24 hours is required for cancelling appointments, for any reason, and that if I (we) cancel with less than 24 hours notice, **I (we) agree to pay a late cancellation/no show fee of \$50 + 5% GST, due at the time of cancellation.** Similarly, I (we) understand that if our therapist needs to cancel our appointment without 24 hours notice, a \$50 credit will be applied to our rescheduled appointment.

Technology: By checking this box, I (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: I (we), understand and agree with the policies presented above.

Client(s) Signature:

Date:

Therapist Signature:

Date:
