

# Melanie Perron Counselling

## INFORMED CONSENT

Printed Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
Street Address City Province Postal Code

Home Phone: (\_\_\_\_\_) May a message be left at this number? Yes  No

Cell Phone: (\_\_\_\_\_) May a message be left at this number? Yes  No

Work Phone: (\_\_\_\_\_) May a message be left at this number? Yes  No

Email Address:

\_\_\_\_\_  
(Optional)

*I understand that writing in my email address (above) is giving explicit consent to Melanie Perron, MSW RSW to use that email address to correspond with me in all matters directly related to the provision of services (includes invoicing; appointment bookings, confirmations and reminders; follow-up on services, etc.).*

### **INFORMED CONSENT For Adults (18 and over) AND AUTHORIZATION FOR SERVICES**

This form provides information about the practice and privacy policies I adhere too. This information is intended to help you make an informed decision about accepting services from me. If you have any questions or concerns about anything on this form, please do not sign the form until you have discussed it with me.

#### **Fees**

- \$90 for 50-minute hour session.
- Payable by cash, cheque, credit card, debit or e-transfer.
- Payment is due at the end of each session.
- Late cancellation fee policy discussed below.

#### **About Privacy**

- **All information you share with your therapist is private and confidential.**
- **Your information will not be released to anyone without your written permission**

#### **(exceptions below)**

- When information is to be released with your consent you will be consulted regarding what information is to be released.
- Your information will be kept on secure electronic health medical record.
- You may review the contents of your own counseling file upon request.

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**A client's confidential information may be released without their consent under the following conditions:**

**If you or someone else is at imminent risk of bodily harm or death.**

**Under law it is required to report that a child and elder is being abused or neglected.**

## **Email Privacy**

Email is a quick and convenient method of communication. Please be aware, however, that while every effort is made to safeguard your privacy, I cannot guarantee the confidentiality of email messages. If this is a concern for you, please do not use email to correspond with me.

· **I will only use email to communicate with you: a) in response to an email you me, or b) as you authorize it or otherwise request it. Please be aware that if you provide your email to us, this is automatically authorizing us to use it as a means of correspondence.**

· I, your therapist, will not transmit personally sensitive information by email (i.e. discussing clinical and personal details), unless you expressly give me consent to do so.

· Please note that my client account management system will send you copies of your invoices or receipts by email.

## **24-Hour Cancellation Policy**

**If you cannot attend an appointment, please notify me by phone 24 hours in advance.**

Please cancel by phone since email delivery is not always instantaneous or reliable.

· The purpose of a 24-hour cancellation policy is to allow enough time for me to fill the vacant appointment slot, thereby meeting the needs of other clients who are waiting for an appointment.

· If you arrive late, the session will have to be shorter but will still be billed as though you had utilized the entire 50 minutes.

· If you are more than 20 minutes late, I will assume you are not attending.

*I agree to pay the late cancellation fee of \$50.00 if I do not provide at least 24-hour notice*

\_\_\_\_\_. *Initials*

## **YOUR SIGNATURE**

**I have read this letter in full**, and I have been informed of the procedures and conditions as outlined in this letter. I have had an opportunity to discuss these procedures and conditions with my therapist and I am satisfied that my questions have been answered to the extent possible. I accept the help offered with full knowledge and understanding of the relevant policies and procedures.

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Name

Signature

Date Signed