PARENTAL CONSENT FOR TREATMENT

I/we,____and____
(Name of custodial parent/ guardian) (Name of other custodial parent/guardian, if necessary – see below)

consent to Melanie Perron, MSW RSW providing counseling services to:

____ (Name of minor/dependent adult)

___________________________ (Date of birth).

Please select the appropriate custodial arrangement that applies to your situation. If none of these arrangement's fit your situation, please speak to me directly.

Check one

☐ Biological parents residing together
- Consent for treatment form can be signed by one biological parent, however, it is preferable to have both biological parents sign.

☐ Biological parents not residing together – sole custody agreement
- Consent for treatment form must be signed by the parent with sole custody

☐ Biological parents not residing together – joint custody agreement
- Consent for treatment form must be signed by *both* biological parents

____ (Signature of Custodial Parent / guardian)

____ (Signature of Custodial Parent / guardian)

____ (Signature of Witness)

____________________________ (Date)

PARENTAL CONTACT INFORMATION

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 Children, Teens, and Adolescents (under 18)

AND AUTHORIZATION FOR SERVICES

Welcome!

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

· To maintain the therapeutic relationship with your child I will not share all the details and content discussed in our sessions. However, in collaboration with your child it is common for me to bring parents into sessions to help problem solve or give feedback on ways to support your child.

· Your child's information will not be released to anyone without parental 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 child's information will be kept on a secure electronic health medical record.

Your child's confidential information may be released without their consent under the following conditions:

> **Your child has disclosed that they have been abused, or neglected or they are at risk of imminent risk to themselves or others.**
>
> **Under law it is required to report to Child and Family Services if they are being abused, or neglected.**
>
> **I will inform parent(s) if I have significant concerns about a child's emotional and mental health being at risk of deterioration if further interventions are not pursued.**

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 me, this is automatically authorizing me to use it as a means of correspondence.

· I, your therapist, will not transmit personally sensitive information about your child by email (i.e. discussing clinical and personal details).

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

I have carefully read the preceding sections on privacy and exceptions to privacy (or have had them explained to me) and I am satisfied that I fully understand the above stated policies on confidentiality and the limits to my child's confidentiality rights and I agree to proceed with my child's counseling under these terms. ________ and _________. Parent Initials

24-Hour Cancellation Policy

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

· 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 your child arrives late, the session will have to be shorter but will still be billed as though you had utilized the entire hour.

· If your child is 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 _____ and __________. Parent Initials

Emergencies

· If your child's life or safety is in danger please phone 911 or go to the nearest emergency room.

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 child's therapist and I am satisfied that my questions have been answered to the extent possible. I accept the help offered on behalf of my child with full knowledge and understanding of the relevant policies and procedures.

______________________________ ________________________________ __________________

Name Parent Signature Date Signed

______________________________ ________________________________ __________________

Name Parent Signature Date Signed