Baroncounselling

CONSENT FORM

Client's name: _____ Age (optional)_____

Address: _____

City, Province: _____ Postal code: _____

Preferred phone number: _____

Email: _____

Name of Physician: _____

Medications: _____

Emergency contact: _____

Occupation: _____

Relationship status: _____

Children: gender & ages: _____

How did you hear about Sony? _____

Confidentiality
The personal information you share with the counsellor will be kept confidential. Confidentiality continues after the end of the counselling relationship. There are, however, some exceptions to the counsellor's duty of confidentiality, in particular:

1. *In the event of the client's expression of an intention to harm self or others*
2. *If information is evident that you are neglecting or abusing a child or an incapacitated adult.*
3. *In the event of subpoena issued for the appropriation of the therapist notes.*

Other limits to confidentiality include clinical supervision where the identity of the client is protected while only client situations are discussed.

All notes, copies of letters and reports executed on behalf of you, the client, during the therapeutic process are the sole property of the counsellor.

Payment Information
As set by the BCACC, one hour consists of a 50 minute session. Payment is expected at the end of each individual session unless otherwise arranged with the counsellor. You are also responsible for the full hourly fee for the writing of reports or other documentation, for telephone or online counselling, and for travel time, email, text or telephone communication.

Late arrivals
Clients understand that if they late for the appointment, they are still responsible to pay the counsellor the full fee for that appointment. Also, the session will end at the time it was initially supposed to end.

Cancelations
A 24-hour advance notice of cancellation is required. Because appointment times are reserved exclusively for you, you will be charged *full fee* for a late cancellation or missed appointment.

ONLINE CLIENT FOR DISTANCE THERAPY: I acknowledge that I am aware of the limitations inherent in ensuring client confidentiality of information transmitted through on-line or telephone therapy.

As an online client, I, therefore, waive the right of confidentiality with respect to confidential information transmitted through telephone or on-line counseling that may be accessed by any third party without authorization of you, the client, and despite the reasonable efforts of the counsellor to secure the distance counselling environment.

Consent to release information to a third party

I give my consent for Sony (Sassona) Baron to release information to and exchange information with the following **professionals** as she and the client may deem necessary for the progress of the client.

Names of the professionals: _____

Clients agree that they are entering the counselling relationship voluntarily.
Clients are aware of the modalities Sony uses.

Clients signature below confirms that they have read the above, and had the opportunity to discuss the content with Sassona (Sony.)
BY SIGNING this form, clients agree to all the clauses, and willingly agree to hold Sassona (Sony) Baron harmless and release her from all liability regarding their physical, emotional, mental or spiritual states.

I understand and agree to the terms outlined in this intake form

Client / Guardian Signature: _____

Sassona Baron, MA, RCC #2936: _____

Date: _____

TO RECEIVE MY NEWSLETTER:

YES _____ Sign me up for your mailing list to receive your periodical articles and updates. Your email address will never be shared with anyone.