



## Counselling Agreement

This provides a basis for developing an agreement between myself and you. Please read this over and feel free to ask any questions you might have about this information before signing the agreement.

### **Fees for office/video/telephone/sessions**

\$120 per 50 minute session are my standard fees. Payment is expected at the time of service, unless other arrangements have been made. E-transfer, credit/debit card are the usual form of payment accepted. If you have extended health benefits through your workplace, your fees may be fully or partially covered, and you may be able to request permission from your insurance provider for direct billing.

### **Missed appointments**

Missed appointments represent a loss of an opportunity for someone else to receive services from me. Therefore, I would appreciate knowing as soon as possible if you are going to miss an appointment. Without a full 24 hours notice, I may have to charge you the full fee for any session that is missed.

### **Confidentiality**

All information obtained by me about you is held strictly confidential. However, there are occasions when information may have to be disclosed, such as:

1. when I strongly believe that you may be a danger to yourself or to others;
2. where there is a suspicion of child abuse or abuse of an elderly person in your care; or
3. where a court orders me to turn over records or to appear in court.

As a therapist, I have a legal responsibility to comply with provincial laws and notify the proper authorities under these circumstances. However, I will make every effort to make sure your right to privacy is protected and to inform you when possible before any action is considered.

**Telephone calls**

I will always return your phone calls as soon as I can, and my answering service is always available for messages. Phone calls pertaining to our sessions requiring more than a few minutes will be charged accordingly.

**Court-related work**

Working with the court system or with your legal counsel is outside the scope of my practice and expertise. Unless previous arrangements have been made, I will not provide information to the court or to legal counsel unless ordered by a court of law

**Statement of Agreement**

“I/We have read the above information and on that basis agree to receive therapy services from Rob McLeod Registered Professional Counsellor”

Date:

Client Signature:

Counsellor’s Signature:

Rob McLeod BA Psych, RPC ( Registered rofessional Counsellor), MPCC (Master Practitioner in Clinical Counselling)

***Canadian Professional Counsellors Association Membership # 3869***