

CLIENT NOTICE:

OUR PASSION is to provide meaningful help that is life-transforming. Our counsellors are dedicated to helping you work through issues and problems as directly and rapidly as possible. Their education, professional experience and genuine heart for helping people equips them to respond effectively to your needs. Successful counselling also requires that the client be dedicated to openness and honesty. We are committed to responding to your needs with open directness in a kind and gentle manner.

CONFIDENTIALITY

All communication between you and the counsellor is held in strictest confidence and will not be released to anyone without written permission. Reports to physicians and insurance companies will not divulge personal material that has been given in confidence unless directed otherwise by the client. The only exception to confidentiality is the legal requirement to report circumstances wherein a client states an intention to harm self or others, and in cases of abuse.

SCHEDULING APPOINTMENTS

Appointments are available during regular office hours, and some evenings and Saturdays. A regular session is 1 hour in length; however we realize that on occasion this will vary according to your needs. If a counsellor is unavailable to meet with you in a reasonable time frame, we will be happy to provide you with referral possibilities. We do not provide an outpatient emergency response.

FEES

Our desire is to provide affordable counselling. We have a range of fees between \$75 and \$95 per session. Your counsellor will talk about the options with you. We do all we can to take into account a persons ability to pay.

By signing below, you are agreeing to pay for the services rendered at the time of appointment, unless other arrangements have been made. **Telephone and email communication** may be billable time upon the discretion of the counsellor (including requested letters, reports or documents). We accept payment by credit card, debit, cash or cheques (made payable to Riverbend Counselling). PayPal is also available.

CANCELLATIONS

Please give 24 hours notice for any cancellation. A fee of \$40 will be billed for late cancellations or missed appointments.

I have read and understand the above statements, and agree to pay the stated fees.

Signed: _____ Date _____
Client

Witnessed: _____ Date _____
Counsellor

Parent/Guardian of Minor (under 16):

I/We _____ parent(s)/guardian(s) of _____,
a minor child, hereby voluntarily grant permission to _____ to provide services to
our child. I/we understand that such permission may be revoked, in writing, at any time.

Signature of Parent or Guardian: _____ Date: _____