



CLIENT CONFIDENTIALITY & INFORMED CONSENT FORM

All information gathered in session is treated as confidential and will be treated in accordance with the Privacy Act and Access to Information Act. The information in your file cannot be disclosed to third party without your informed, voluntary and written consent.

LIMITS TO CONFIDENTIALITY

As a counsellor I am legally obligated to disclose information about you to the appropriate authorities, with or without your consent, in the following circumstances:

- There are reasonable grounds to believe that you are likely to harm yourself or another person.
- There are reasonable grounds to believe that a child under the age of 17 years is at risk of being abused or neglected.
- Your counselling records have been subpoenaed by a court of law.
- You disclose that you have been sexually abused by a regulated health professional.

APPOINTMENT CANCELLATION POLICY

Please be advised that 24 hour cancellation notice for booked appointments is required.

I understand and consent to all of the above conditions and I hereby consent to participate in this therapeutic process with Michelle Nelson

Client's Name: _____ Date: _____

Client's Signature: _____

Witness: _____ Date: _____