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Consent for services

Name : _____ **First name :** _____
Emergency name and #: _____
Address : _____
Home : () _____ **Cell :** () _____ **Email :** _____

Welcome to **Options & Communications**. We offer counselling, psychotherapy (both in psychology and sexology), and family mediation Services.

Appointments: Sessions are 50 minutes (for one hour) and are payable at \$150 / hr (\$200 for family mediation) or according to a modality discussed with the Psychotherapist. In case of cancellation, clients have to give a 24 hour notice if they do not want to be charged for the full price. When contacting us, please be aware that electronic communication is not secure and particularly, not recommended from work computers. We agree that you understand that fees may be covered in part or all by a third party, and that you already are informed of the number of hours and type of service covered by your benefits. You are responsible for your own level of commitment and participation in the sessions and prescribed activities in order to reach the goals we have fixed together. All our files are kept in security for 10 years, according to our Code of Ethic.

Confidentiality: All our services and documentation are kept confidential. Your personal information is collected and protected according to the prescribed norms of the College of Registered Psychotherapists of Ontario (CRPO). No personal or identifying information will be released without your signed consent except under the following legal and ethical requirements :

- We are obligated to produce records that are subpoenaed by a court of law;
- We suspect child abuse or neglect;
- There is a need to intervene to prevent serious harm to self or others;

Limitation of services: Registered Psychotherapists are allowed to provide psychotherapy and Accredited Family Mediators are allowed to provide family mediation following the guidelines of their respective Colleges. We are forbidden to make diagnosis, and give any judgments about legal or medical matters.

I recognize and voluntarily consent to participate in the sessions as such :

Signature : _____

Date : _____ **Witness :** _____

