

INNERWAVES COUNSELLING AGREEMENT

Fees: \$130.00 per hour (effective January 1, 2021) To be paid by cash, cheque, debit, Visa, Master Card at each session. Fees may be raised periodically.

Cancellation Policy: We require 24 hour notice or you will be responsible for the full payment.

Confidentiality: Information obtained during your sessions will be kept strictly confidential and will be shared only with your written consent. There are limitations placed on confidentiality that are stipulated by the Criminal Code of Canada, the Child & Family Services Act, and the Mental Health Services Act. These limitations include, if you at any time communicate intent to hurt yourself or someone else, or communicate knowledge of harm to a child. If it is necessary to share information based on these Acts, your consent will be requested.

All services will be provided within the ethical and professional practice guidelines of the Saskatchewan Association of Social Workers.

I may, during the course of working with you, seek consultation with a professional colleague in order to ensure that you receive the best possible care that I can offer. The information shared with this professional colleague will be kept anonymous and is restricted to the information necessary to aid in meeting the desired goals and to assist me in providing adequate service. This colleague will also be held to rules of confidentiality.

Phone Sessions and Email: You are welcome to call me outside of sessions if needed. If the phone session requires more than 10 minutes of time, you may be charged a fee. If you would like to change your appointment, please contact me by phone or email. Please refrain from sending or writing any content related to your therapy sessions or any information of a personal nature via email. All emails are retained in the logs of your and my internet service providers. Emails that I receive from you and any responses I send to you become a part of your legal record. I do not respond to emails of a personal nature. **Please be aware that due to the nature of emails they cannot be guaranteed to be secure or confidential.**

I understand the above terms of services.

Signature of Client

Date

Name of Client/Guardian (Please Print)

Registered Social Worker