

CONSENT TO SERVICES FORM



We would like your informed consent for the services provided at the Age To Age Inc. *If you have any questions about any of this, please do not hesitate to ask.*

I/we, _____ give permission and consent to share information to Age To Age Inc. staff.

- I understand and have been advised by my therapist that, should it become necessary due to COVID -19 circumstances, my identifying information may have to be released to relevant authorities with respect to requirements pertaining to adhering to contact tracing procedures, and I consent to the same. I acknowledge, should I contract COVID-19, the therapist/clinic will not be liable.
- I/we understand that psychotherapy/social work/other support entails both benefits and certain risks, and that there is no guarantee that it will be successful. I understand that it is important that I mention promptly any concerns or questions I have at any time during the process of therapy.
- The usual therapy session lasts 50 minutes. The number of sessions will vary according to the Treatment Plan.
- **Session fees will be applied for missed and/or scheduled appointments cancelled less than 24 hours in advance** except in cases of emergency.

Confidentiality and the Limits of Confidentiality

Confidentiality is respected at all times. No information will be communicated directly or indirectly, to a third party without your informed and written consent. Exceptions to confidentiality include the legal and/or ethical obligations to:

- Inform a potential victim of violence of a client's intention to harm
- Inform an appropriate family member, health care professional, or police if necessary, of a client's intention to harm/kill themselves or others.
- Release a client's file if there is a court order to do so
- Inform the Children's Aid Society if there is suspicion of a child being at risk or in need of protection due to neglect, or physical, sexual, or emotional abuse
- Report a health professional who has sexually abused a client to the professional's regulatory College • Facilitate an investigation or inspection if authorized by warrant or by any provincial or federal law (e.g. a criminal investigation against the member, his/her staff, or a client). Or in accordance with the Missing Person's Act, 2018

I understand and agree with the above statements and, if requested, have received copy of the same.

Signature of Client: _____ **Date:** _____

Parent/Guardian signature if client is under 16 years _____

Age To Age Inc.

405 Queen St. S, P.O. Box 75011, Bolton, On. L7E 1H6. Telephone:905-533-1334 Email: info@agetoage.ca
Webiste:www.agetoage.ca; www.harrisonmungal.com; <https://twitter.com/agetoagec>.