



902-266-9763  
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## CONFIDENTIALITY & CONSENT

All information disclosed within sessions is confidential and **will not** be revealed to anyone without your written permission, **except**:

1. Where there is suspicion that a child or children (that is, someone who is **PRESENTLY** under the age of 18) has been or is being physically or sexually abused or neglected,
2. Where there is imminent harm to self or to others,
3. Where the client is likely to harm himself/herself unless protective measures are taken,
4. If a client reveals that he or she has been sexually abused by a health care provider (for example, a psychologist, a nurse, a physician), the counsellor is obliged to report the name of the perpetrator to her governing body.
5. Where the counsellor is subpoenaed by court,
6. Where the client gives written consent to share certain information with a specific person(s).

If you have any concerns about these matters, or about this form, please discuss these with me.

**PLEASE SIGN THE ACKNOWLEDGEMENT BELOW TO INDICATE THAT YOU  
HAVE READ THIS INFORMATION ABOUT CONFIDENTIALITY**

I acknowledge and accept the circumstances which limit confidentiality.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### FEE INFORMATION

The hourly fee for counselling sessions is of \$140 per hour for individuals. This fee is to be paid before or on the day of the session. Sessions longer than the normal hour and telephone consultations will be billed accordingly.

### CANCELLATION AND NO-SHOW POLICY

When you must cancel, I would appreciate as much advance notice as possible. Please call **no later than 24 hours prior to your scheduled appointment**. No charge will be levied for appointments cancelled 24 hours or more in advance. If you do not cancel 24 hours in advance you will be billed for the missed session.