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### Duty to Warn / Consent for Treatment Form

In order to ensure that you are informed about how we will proceed at this first meeting and subsequently, we would like you to read the statements below and sign your name at the bottom of the page to indicate that you understand them and agree.

In seeking treatment, I understand that every effort will be made to ensure that:

1. Any counselling service offered to me will be appropriate to my needs.
2. If your therapist feels that this is not the best place for you to receive therapy, you will be referred to other agencies or therapists who may be more suited to you.
3. The (50 minute) hour of my appointments and the fees for my sessions will be arranged privately with my individual therapist.
4. There is a strict **48 hour** cancellation policy and I understand that I will be billed for my session if I do not provide adequate notice.

I understand that confidentiality is respected at all times. No information will be communicated directly or indirectly, to a third party without my informed and written consent. **Exceptions to confidentiality include the legal obligation to:**

- **inform a potential victim of violence of a client's intention to inflict harm;**
- **inform the emergency contact of a client's intention to end his/her life or inflict self-harm;**
- **release a client's file if it is subpoenaed by a court of law;**
- **inform the appropriate authorities if any actual or suspected child or elder abuse arises;**
- **inform the appropriate authorities if a client reports sexual abuse on the part of a health care professional**

If you have any questions regarding the above information, please feel free to ask.

Signed \_\_\_\_\_

Date (Month/Day/Year) \_\_\_\_\_

Signed \_\_\_\_\_

Date (Month/Day/Year) \_\_\_\_\_

Witness/Counsellor: \_\_\_\_\_

Date (Month/Day/Year) \_\_\_\_\_