

INTAKE AND CONSENT FORM

Client's name: _____ Age (optional) _____

Street Address _____

City, Province: _____ Postal Code: _____

Phone (With area code):

Home: _____ Work: _____

Cell: _____

Preferred contact number: _____

Email: _____

Occupation: _____

Relationship status: _____

Children: gender & ages: _____

How did you hear about Sony? _____

Confidentiality

The personal information you share with the counsellor will be kept confidential. Confidentiality continues after the end of the counselling relationship. There are, however, some exceptions to the counsellor's duty of confidentiality, in particular:

- 1. In the event of the client's expression of an intention to harm self or others*
- 2. If information is evident that you are neglecting or abusing a child or an incapacitated adult.*
- 3. In the event of subpoena issued for the appropriation of the therapist notes.*

Other limits to confidentiality include clinical supervision. It is my responsibility to regularly upgrade my professional knowledge and seek regular consultation with an approved supervisor, such as a registered psychologist, registered social worker, or registered clinical counsellor. The identity of the client is protected while client situations are discussed.

All notes, copies of letters and reports executed on behalf of you, the client, during the therapeutic process are the sole property of the counsellor.

Payment Information

As set by the BCACC, one hour consists of a 50 minute session. Payment is expected at the end of each individual session unless otherwise arranged with the counsellor. You are also responsible for the full hourly fee for the writing of reports or other documentation, for telephone or Skype counselling, and for travel time, email, text or telephone communication. For my hourly rate, please consult my website or ask me in person.

Late arrivals

Clients understand that if they late for the appointment, they are still responsible to pay the counsellor the full fee for that appointment. Also, the session will end at the time it was initially supposed to end.

Cancellations

A 24-hour advance notice of cancellation is required. Because appointment times are reserved exclusively for you, you will be charged *full fee* for a late cancellation or missed appointment.

Clients signature below confirms that they have read the above, and had an opportunity to discuss it with Sony (Sassona).

I understand and agree to the terms outlined in this intake form

ONLINE CLIENT: I acknowledge that I am aware of the limitations inherent in ensuring client confidentiality of information transmitted through on-line or telephone therapy.

As an online client, I, therefore, waive the right of confidentiality with respect to confidential information transmitted through telephone or on-line counseling that may be accessed by any third party without authorization of you, the client, and despite the reasonable efforts of the counsellor to secure the telephone or on-line environment.

ALL CLIENTS SIGN HERE:

Client / Guardian Signature: _____

Counsellor signature: _____ Date: _____

Consent to release information (I cannot release information to doctors, lawyers, other counselors or anyone else without your consent)

I give my consent for Sony (Sassona) Baron to release information to and exchange information with the following **professionals and / or the persons of interest** below, as she and the client may deem necessary for the progress of the client. **Fill in names of other professionals / other persons below:**

Client Signature: _____

TO RECEIVE MY NEWSLETTER:

YES ____ **Sign me up for your mailing list to receive your periodical articles and updates.** Your email address will never be shared with anyone.