Mending Minds, Healing hearts
gentlecurrentstherapy.com

Treatment Contract

Please note:
Read each statement carefully, and then place your initials in each box. If you do not understand any part of these statements, please ask your counselor for clarification.

Your Initials

1. I understand that all communications between my therapist and myself are confidential and that he/she will not disclose to anyone, beyond professional colleagues at Gentle Currents Therapy any information from our session, unless agreed to by all parties involved in the therapy. *** Exceptions to this do exist: ---
   i. Where the counselor deems that I am a danger to myself or others;
   ii. Where according to the Family and Child Service Act the counselor has a legal obligation to notify the proper authorities if he/she has reasonable grounds to suspect any child abuse.
   iii. Where the counselor is required to release information through a court order. ☐

2. Gentle Currents Therapy and Counselling Services has a forty-eight-hour (two day) cancellation policy. I understand that I will be financially responsible for the payment of any missed sessions. ☐

3. I understand that my fee (per session) will be 175.00 hr. (+ tax) and that this same fee is due at the beginning of each session. ☐

☐

Your signature below confirms that you have read, understood and accepted the above conditions.

Clients Signature:_____ Date ____/____/____ (M D Y)

Counsellor Signature:_____ Date ____/____/____