

Cortney Pasternak, M.Ed, Counselling Psychology, OACCPP, Therapeutic Counselling Services
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TELEPHONE AND ONLINE COUNSELLING CONSENT FORM

Counselling services are provided by Cortney Pasternak, M.Ed., OACCPP, Counsellor. In order to ensure that you have the best counselling experience possible and that you understand your rights as a client, please read over the following information carefully before your first telephone or online counselling session.

By filling out and returning this telephone counselling consent form, you indicate that you understand and agree to the terms and conditions stated below:

- You agree that you are at least 18 years old.
 - Due to the nature of telephone counselling, Cortney is not equipped for crisis or emergency situations and therefore will not provide emergency care services of any kind. You may however, visit her “Resources” page at www.ontariotherapist.com for a list of emergency resources.
 - You agree to supply your true full name, address, phone number, and e-mail address, as well as the phone number of one emergency contact on this consent form.
 - Sessions are 60 minutes in length and the cost for each session is \$100 unless otherwise agreed upon. Payment is accepted by e-mail money transfer. Payment is required **prior** to the beginning of each session.
 - Please provide 24 hours notice of cancellation or re-scheduling of your appointment. If less than 24 hours notice is given, there will be a charge of the full fee.
 - If, during our telephone counselling sessions, I discover that this form of counselling is not suitable for you, I will discuss this with you immediately and will suggest that you seek out the services of a therapist in an office in your local area.
 - **Confidentiality:** Information regarding your sessions and any personal information you share with me will be kept strictly confidential, except under the following circumstances: if I am subpoenaed to provide information regarding your sessions with me in a court of law, or if my regulating body decides to inspect our records as part of their regulatory activities in the public interest. I am also required by law to involve the appropriate authorities in cases of suspected child abuse, elder abuse, or cases where bodily harm to yourself or another person is threatened.
 - Telephone or online confidentiality: I will do everything possible to protect your identity and keep all confidences. However it is at times not possible to guarantee 100% protection of the confidentiality of telephone or online communication.
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Full name: _____ Date of birth: _____

Address: _____ Phone number: _____

Alternate phone number (if applicable): _____ E-mail address that is used regularly: _____

Emergency contact (name and phone number): _____

Are you currently under the care of a physician for depression, anxiety, or any psychological or psychiatric problem? * Yes
* No If YES, Please explain: _____

By filling out this form electronically and returning it to me, you indicate you have read, understood, and agree with the above conditions. _____

Signature

Name

Date