



Sara Dimerman
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Parent Education Resource Centre
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CONSENT TO TREATMENT

1. Limits to Confidentiality

Information discussed is held in confidence and will not be shared with others without express permission, with the following exceptions:

- a. Information regarding possible or actual child abuse (physical, emotional and/or sexual)
- b. Information regarding sexual abuse by a member of a regulated health profession
- c. It is our duty to warn if it is believed that the client poses a danger to him/herself or others.
- d. Records which are summoned by subpoena or other court directives or which are otherwise required by law or by regulations of the College of Psychologists of Ontario. I am obligated to keep and retain records for a period of ten years following the termination of counseling or ten years following a client's 18th birthday if counseling ends prior to age 18.

2. Consent

I have had an opportunity to read and discuss the "client information" page and the limits of confidentiality (above) and I accept these parameters of the counseling relationship.

Signature: _____ Date: _____

Signature: _____ Date: _____

Name: _____ DOB: _____ M/F

Name: _____ DOB: _____ M/F

Address: _____

Phone numbers: _____

Email address: _____

Emergency contact person: _____

Please advise which days and times are convenient for you:

Referral source: _____