



## Consent for Services

**Reg R Fleming, M.A. (Clinical Psych), RMFT, RCC**

### Confidentiality

Information provided to therapist, Reg Fleming, is kept in strict confidence. There are on three occasions when information may be shared without your consent, each mandated by lawful obligations: 1) When neglect or abuse of a child, youth or senior adult is suspected; 2) When life of a client or another person is in danger; and 3) When required by law when ordered by a legitimate authority to release records to assist with an investigation.

Client written consent is required for all other releases of information.

Reg Fleming works within a consultation team of professional therapists, also bound by ethical and legal standards as described by the ***Canadian Association of Marriage and Family Therapy*** <https://camft.ca> Consultation is an opportunity to engage in a feedback process about my work with clients, focused on improving my approach and reflect on my practice. Names or any identifying information will not be shared without your written consent.

I (we) understand the limits of confidentiality as explained above:

Initials:

### Fees

The fee for therapy is \$165.00 per 60-minute session payable by cash, e-Transfer, or cheque at the beginning of each session. If you do not attend a scheduled appointment and/or do not provide 48 hours or 2 business days notice of cancellation you may be charged for the session.

### Agreement

I (we) hereby indicate that I (we) have read, understand, and agree to the above conditions.

Client's Printed Name:

Client's Signature:

Client's Printed Name:

Client's Signature:

Client's Printed Name:

Client's Signature:

I hereby indicate that I have witness the above signatures

Reg R. Fleming:

Date: