



Richmond Counselling & Wellness
Suite 450 – 6091 Gilbert Road
Richmond, BC V7C 5L9
Tel: 604 279 8992

Adult Individual ___ Relationship ___ Child (2-12) ___ Adolescent (13-17) ___

Today's Date: _____

Name(s): _____	Birth Date (yr/mo/da): ___ / ___ / ___
_____	___ / ___ / ___
_____	___ / ___ / ___
_____	___ / ___ / ___

Address: _____

City: _____ **Postal Code:** _____

Email: _____

Phone (Home): _____ **(Work):** _____ **(Cell):** _____

It is OK to contact me at my home phone number / home address / email Yes No

It is OK to have our Online Booking system send a text message reminder Yes No

Marital Status: (please circle): Single Married Common-Law Separated Divorced Widowed

Custody Arrangement for Children: Shared Joint Sole Single Parent

Family Physician: _____ **Phone:** _____

Medications: Family Member Medication / Dosage

Allergies: Family Member Allergies

How did you find out about our services?: _____

Limits of Confidentiality:

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect:

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults:

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances:

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship:

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (only when applicable):

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature(s) (Client's Parent/Guardian if under 18)

Today's Date

Financial and Cancellation Policy:

Office Visits

Fee payments for each session are due at the time of service unless alternative arrangements are made. Fees are payable by Visa / Mastercard / Debit / Cash or Cheque.

Please contact our office for current fee structure as this can fluctuate. Thank you.

Cancellations:

Appointments must be cancelled with a minimum of 24 hours in advance of the scheduled appointment time. Unfortunately, as this is how we take care of our family, we do have to charge the full fee for “missed appointments”. Of course, if there are unusual circumstances such as illness, accidents, sick children, etc. then these late cancellations will not be charged.

Missed Appointments:

As stated above, the full fee is charged for missed appointments unless 24 hours’ notice was given in advance. The full fee will be charged to your credit card if 24 hours’ notice is not provided. A receipt and copy of the credit card transaction will then be mailed out to you or can be picked up at your next appointment if you wish.

Credit Card #: _____ Expiry: _____ CVV: _____

Please note that credit card information, like all of your personal information, is kept locked up and protected from theft.

Income Tax Deduction:

Fees for psychological services are deductible under medical expenses on your income tax return depending on your income and other deductions. Our office can issue a receipt for tax purposes upon request.

I understand that I am responsible for all costs associated with treatment regardless of insurance coverage. I understand that I will be charged for missed appointments, cancellations, and rescheduling if less than 24 hours’ notice is given.

Client Signature(s): _____