



Name: _____ Email: _____

Address: _____

Phone: Home #: _____ Cell #: _____

Okay to Text message/Email? Yes No Okay to leave a phone message? Yes No

Referral Source / How did you find me?: _____

Age	Date of Birth (mm/ dd/year)	Marital Status (single,married,divorced)	Gender (male, female, other)	

Emergency Contact (name): _____ Relationship: _____

Phone: _____ Family Physician: _____

CONFIDENTIALITY

In all counselling relationships, there is an adherence to a strict standard of confidentiality. No information given by you to your counsellor/therapist will be disclosed to a third party without your expressed written consent. Client files are privileged and confidential. There are a few exceptions to confidentiality:

- 1) If the counsellor/therapist thinks any person's life or health is in imminent danger, he/she is ethically and legally bound to take appropriate action.
- 2) Under AB Law, if the client suggests that a child, elder or disabled person may be abused, neglected or for any other reason in need of protection, it must be reported to the Child and Family Services Authority and/or police.
- 3) In extraordinary circumstances, the courts have discretionary power to subpoena or court order files, cases notes, and/or obtain counsellor information.
- 4) The client directs the counsellor to share information with another person.

I have read the **Statement of Understanding** (on the resources page of my website www.newperspectives.ca) and the information on **Confidentiality** above.

Client Signature: _____

Date: _____