# Leonie Serman MSW, RSW

### **CLIENT INFORMATION**

Please take the time to read the following to give you a clear understanding of my policies and procedures. If you have any questions or would like further clarification, please discuss this with me before signing below.

#### CONFIDENTIALITY

The confidentiality of clients is of utmost importance to me. However, in certain limited circumstances, I am required by law to disclose client information, and must comply with these mandatory obligations. All information that you provide to me will be confidential except in situations involving child abuse or subpoena to court. Further, it is a condition of our relationship that I have your permission to release what would otherwise be confidential information if I have reason to believe that you present a threat of death or serious injury to yourself or others.

#### **FEES**

Should it occur that your file is subpoenaed or if you should request that a written report be prepared for any reason, my hourly fee will be applied for the preparation time. Should I be subpoenaed as a witness, you will be responsible for all costs incurred including consultation with my lawyer and time lost from practice.

Sessions are 60 minutes in length. The fee will be collected at the end of each session. Fees are payable by cash or cheque.

In the case of fees that are more than 3 months overdue, and in which the client has not made any other arrangements for payment, referral for legal proceedings or to a collection agency may be made.

#### CANCELLED OR MISSED APPOINTMENTS

In order to maximize the benefits of counseling, it is essential to attend sessions regularly. Toward that end, an appointment time will be set aside exclusively for you. If, due to an emergency, you are unable to attend your session, please give me as much notice as possible. If I am able to fill the time,

you will	not be	charged	for the	session:	otherwi	se, ful	l fee	will	be
charge	d.								

## **EMERGENCIES**

As I work part time hours, I may not be available for consultation should an emergency arise. If you are unable to reach me in that situation, please contact one of the resources below for assistance.

Oakville Trafalgar Memorial Hospital	(905) 845-2571
	Ask for the crisis worker
Distress Centre	(905) 849-4541
Halton Children's Aid Society	(905) 333-4441
Please sign below to indicate that you h this agreement.	nave read the above and understand
(signature)	
( J )	
(signature)	
(date)	