



Campagnoni ~ Hartlen & Associates Psychologists

CONSENT FOR PSYCHOLOGICAL SERVICES

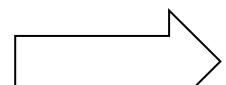
CLIENT'S NAME :	DATE OF BIRTH :
PHONE# : (HOME)	
(OTHER)	
MAILING ADDRESS :	
EMAIL ADDRESS	
REFERRAL SOURCE :	
COVERAGE PROVIDER/COVERAGE LIMIT :	

I agree for myself to receive psychological services from a psychologist* at Campagnoni ~ Hartlen & Associates, Inc.

I give permission for the psychologist to discuss progress or diagnosis with :

*Psychologist refers to Registered Psychologist or Psychologist(Candidate Register)

Office: 6 Bridge St. Milton, NS B0T 1P0 Mailing: PO Box 228, Liverpool, NS B0T 1K0
Ph: (902)354-4660 F: (902)354-3721 Email: familypsychology@eastlink.ca



Please see page 2

Consent and Confidentiality :

- I understand that all information I disclose to my psychologist is held in the strictest of confidence and may not be released without my written consent even after services are terminated. There are some exceptions to this – which are mandated by law. Some exceptions to confidentiality include situations where there is a danger to myself or another person ; actual or suspected abuse or neglect of children/minors or the elderly, or presentation of a valid court order.
- My psychologist may disclose records pertaining to my case to my insurance company for submission and validation of claims. Typically, insurance companies may request dates, duration and types of services received.

Payment and Cancellation Policy :

I have been informed of the costs of individual counselling services (\$210.00 per hour). There is a different fee structure for couples/family counselling and mediation. Our fees are set in accordance with the guidelines put forth by APNS. While the administrative assistant will submit my claim to my insurance company, I understand that I am responsible for the full service fee. If I should fail to give 24-hour notice to cancel an appointment, a fee may be charged. Failure to keep payment arrangements could result in the use of a collection agency.

Signature	Date
Signature of witness/psychologist	Date