

**Dr. Sara Joy David**  
Registered Psychologist (0786)

### **Informed Consent**

**WELCOME.** You are about to embark upon, or continue, a journey into increased self awareness and the acquisition of emotional self-care skills.

**Confidentiality:** The information you share in the course of these consultations will be kept confidential. Information will not be shared with your insurance provider, employee assistance provider, or any person or organization without your prior knowledge and signed, authorized consent. However, there are limited circumstances where the law requires disclosure. These include situations such as threats of violence to self or others, danger to public safety, information about child abuse or a child at serious risk of abuse and where files are subpoenaed by a lawyer or court.

**Payment:** Each session is 50 minutes in length. The fee is \$175.00 and payment is due at the end of each session. Payment may be made by cash or cheque. Telephone consultations may be arranged between sessions with a 30 minute minimum and email consultations with a 15 minute minimum on a prorated basis to be paid within one week after service. Be advised that there is always some privacy risk with email and with wireless telephone service.

**Cancellation:** 24 hours notice is required for weekday sessions and 48 hrs notice for weekend sessions. You may notify me of cancellation or rescheduling requests by telephone: 604 559-8775, or email: joystar@shaw.ca. You will be billed for missed appointments if notice is not received. You may notify me of changes to scheduled appointments by voicemail or email.

If you have concerns about any interaction between us, or about any technique used in the course of consultations, you are urged to discuss these concerns with me. This is a pivotal part of ensuring that you are engaged in a process that empowers you and assists you to claim your own authority.

I have read and understand the statement made in these agreements and the attached Statement of Understanding.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_