



Laura Kemp-Romas
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CONSENT FOR TREATMENT

Client's Name: _____

Date: _____

Consent for treatment by Laura Kemp-Romas, MA, RP, Certificate #002068.

I agree to undertake psychotherapy sessions by Laura Kemp-Romas, MA, RP. The goal of these sessions is to help me improve my mental, emotional and possibly my spiritual and physical well-being and that Laura Kemp-Romas will do her best to help me achieve this goal.

I understand that if I choose to have a psychology/psychotherapy session, that Dr. Sara Aharon, Psychologist, certificate #3865, will provide feedback and consultation to Laura regarding my sessions as she is the supervising psychologist.

I understand that Laura Kemp-Romas is not liable for any actions I might take between sessions. I am solely responsible for my actions.

I understand that, if at any point, I experience suicidal thoughts I should seek immediate assistance. I may try to contact Laura Kemp-Romas or Dr. Aharon through the clinic, but if neither is available immediately, I should call a suicide help-line listed in the phone book, such as 310-COPE, or another reliable person/agency such as my family doctor.

Limits of confidentiality

While every attempt is always made to maintain the clients' right for confidential treatment, there are several limitations. The law demands that all regulated health care professionals, (i.e. medical doctors, counsellors, social workers, psychologists) report to the authorities any information regarding:

- (a) Possible child abuse in the present.
- (b) Any threat to another person's life.
- (c) Any suicide plans.
- (d) Abuse by any health professional.

When reporting to the authorities, health professionals are not required to obtain the client/patient's permission.

In addition, when working with families in a family systems capacity, health professionals have a duty to warn all parties involved in the family when one family member exposes safety and health issues that could put another family member's health or safety at risk, e.g., unsafe sex, drug or alcohol use, gambling, fraudulent activities, undisclosed financial activity, etc.

Accepted Payment Methods:

I am aware that visa, mastercard, cheques, cash or email transfers are the payment methods available to me. In the case of a returned cheque, I will cover the associated fees and will have to subsequently pay using one of the other payment methods.

Cancellation Policy

I also understand that I am required to give 24 hours notice in the event of a cancellation of a scheduled appointment to avoid being charged the full amount for the missed appointment.

By signing here I indicate that I understand the above: _____