

**Dr. Dan McKinnon, Ph.D. (Education)
Registered Psychologist (#2896-AB)**

INFORMED CONSENT

As a registered psychologist I, Dan McKinnon, am required to provide some information before engaging in psychotherapeutic practice. It is important for you to understand the nature of the counselling process.

Confidentiality:

I will not release a client's name, information about him/her or his/her family without obtaining written consent, keeping in mind the following exceptions:

Should a client indicate that he/she has the intention of hurting him/herself or someone else I am required to intervene in order to keep all individuals' safe.

Should a client indicate a minor child be at risk.

Should I be subpoenaed to court for any reason, my files may be part of the legal proceedings.

I will not engage in any search engine/social network searches on you or your friends and family.

Restriction:

As I am not a clinical psychologist I will not engage in or provide any DSM diagnoses or coding.

Financial Consent:

A 24-hour cancellation policy applies. Please understand when I do not receive adequate notice I am unable to fill the appointment time and you will be charged for the full session amount.

The agreed rate of \$200.00 per 50 minute hour is due at the end of each session and is prorated every ten minutes thereafter at an additional charge of \$40.00. Payment is accepted via PayPal, e-transfer, cash, cheque, or credit card. Once I receive payment I will issue you a paid in full invoice/receipt. If payment is not received within 30 days a Second Notice will be issued and, at my discretion, and I may use your credit card details (on file) to pay the outstanding amount in full. If payment is more than 60 days in arrears a collection agency will assist in the collection of funds. Your signature represents that you have read, understand and agree to the information above. Thank you for allowing me to assist.

Client Name: _____ Signature: _____ Date: _____