



PARENTAL CONSENT FORM

I, _____ (Parent's name) consent to my child(ren):

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

receiving counselling treatment services from Dawn Israel-Compton,. My/our current custody status is:

- Shared Custody (both parents living together, married or common law)
- Shared Custody (undergoing separation/divorce, no official custody agreement yet)
- Shared Custody (parents not living together, official shared custody agreement)
- Sole Custody by _____ (official custody agreement - copy will be required for file)
- Other: _____

1. I understand that all information will be kept strictly confidential, with the following exceptions:

- Knowledge of ongoing abuse or neglect of a minor (including your child) or a dependent adult.
- Imminent and serious risk of suicide for your child, or risk of harm towards other(s).
- Subpoena of your child's file or required testimony by a court of law.

2. Dawn Israel-Compton does not provide parental fitness, home assessments, or custody / access assessments. Dawn Israel-Compton will not provide expert opinions about the best interests of children in litigation proceedings. Should these services be requested Dawn Israel-Compton, can let you know of alternate providers in the Edmonton area for these services.

3. My current fees are:

- Therapy: \$200 plus gst for a 75 minute session.
- Phone consultations: charged in 15 min increments
- Letter writing: \$75/letter

4. The first time an appointment is missed without 24 hours notice will be charged half the cost of time set aside and subsequent missed appointments without 24 hours notice must be paid IN FULL.

5. If your child is experiencing a mental health emergency, please go to your nearest emergency room or call the Mental Health Crisis line at 780-482-HELP. Please do not wait to get a hold of me.

Your signature at the bottom of the page indicates that you have discussed the following information with Dawn Israel-Compton, and understand and agree to all of the information provided. You may revoke your consent to treatment *in writing* at any time. You may contact Dawn Israel-Compton at 780-756-6551 at any time to receive updates about your child(ren)'s treatment plan and/or progress.

Signature of Parent(s)/Legal Guardian(s)

Relationship to Child

Signature of Parent(s)/Legal Guardian(s)

Relationship to Child

Signature Child/Adolescent

Date

Signature of Therapist

Date