



Jude Marleau, M.Ed., Registered Clinical Counsellor  
**Fees and Client Agreement Form**

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### Professional Counselling Fees

As recommended by my governing association, the BC Association of Clinical Counsellors, my professional fees are \$120 (+GST) for a one hour session.

For Couples Counselling, I recommend booking 1.5 hour sessions.

### Extended Health Benefits

If you or your partner have extended health benefits through your employment or pension plan, your counselling sessions may be eligible for full or partial coverage. Contact your benefit provider for more information.

I am approved for Crime Victim Assistance Program counselling and the First Nations Health Authority Crisis Intervention Program.

### Payment Options Square

I accept cash, cheque, e-transfer, debit and credit card payments.

### Initial Consultation

I offer an initial complimentary 20 minute consultation so that you can determine if my approach and services are a fit for you.

### Cancellation

Please note that 24 hours' notice to change or cancel an appointment is necessary, or the full session fee will be charged. This includes clients whose fees are paid by 3rd parties who do not cover missed appointments.

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## Confidentiality

Your confidentiality will be respected and protected with the exceptions noted below:

1. If there is reason to believe that a child under the age of 19 is likely to be harmed or is in need of protection, under Section 13 of the Child, Family and Community Service Act, I am required to inform the appropriate persons in the Ministry for Children and Family Development.
2. If I have reason to believe that you might cause serious physical harm to yourself or someone else, I will intervene by informing the appropriate individuals (family doctor, police, etc.).
3. If a judge orders that your file is to be submitted as evidence in a trial or if I am required to testify in court, I must comply with that Order.

## Client Information and Consent Form

Please feel free to print and fill out the following form prior to our first appointment. I also have paper copies if you wish to complete the form at our first appointment.





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Name: \_\_\_\_\_

Pronoun: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

Email: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

How did you hear about my Services? \_\_\_\_\_

*I agree to the conditions described in the Fees and Client Agreement.*

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

Date: \_\_\_\_\_