



Lynda M. Rees RN, RMFT,CCFT, MSc.

Confidentiality Agreement & Consent

I understand and expect that these sessions with Lynda Rees will be held in strict confidence and that no information will be revealed to a third party without a signed release from all parties involved except where required by applicable federal or provincial laws requiring the reporting of threats, violence, bodily harm, child abuse/neglect and/or when the release of clinical information is ordered by a legally recognized court. Should any such disclosure become necessary, I/we (the undersigned) hereby acknowledge our legal obligation to disclose any and all information related to our session. I hereby release and hold Lynda Rees harmless from any liability or responsibility resulting from such disclosure.

I give permission for any analysis or therapy that may be necessary. I understand that Lynda Rees uses an integrative energy psychology, human systems and trauma informed approach. She does not provide a diagnosis or treat disease and utilizes a method for assisting me in understanding the root cause of my concerns, to recognize my specific stress triggers, emotions, thoughts and lifestyle choices affecting my symptoms and to help me release stress and energetic blockages to assist my body to self heal.

In choosing to consult by videoconference, telephone, sending an email or a text message, I am aware and understand the inherent privacy risks and am willing to take responsibility for those risks.

During the course of our consultation, hand-written notes may be made. These notes shall remain the property of Lynda Rees. They shall not be copied nor circulated to anyone, for any reason whatsoever unless specifically ordered by a court of competent jurisdiction.

I understand that this consultation may not resolve all my symptoms, problems or concerns regarding my self, my relationship or my family and that we will assess progress together on a regular basis. If and when I decide to end therapy I undertake to discuss the matter with Lynda Rees prior to terminating our professional relationship

Fee and Payment Schedule

The fee for therapy is \$150.00/hr. Payment is due in full at the conclusion of each session. I acknowledge that I am personally responsible for making such payment and if applicable, claiming back from an insurance policy.

The fee for written reports will be based on the regular hourly consultation.

Please note that appointment times are reserved exclusively you. Accordingly, missed appointments or those cancelled with less than 24 hour notice will be charged at the regular hourly rate. Confidential appointments may be made by calling Lynda Rees. Every effort will be made to return phone calls as soon as possible thereafter. In case of emergency or sudden illness the first available appointment will be offered.

I hereby agree to the above statement. Date: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____