
LAURIE HAMER, REGISTERED PSYCHOLOGIST #4831

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CONSENT FOR PSYCHOLOGICAL SERVICES

I hereby authorize Laurie Hamer, R. Psych to provide counselling services for (print client name(s)) _____.

I understand that our communications will remain confidential notwithstanding the following circumstances:

- suspicion of imminent threat of suicide or homicide
- reasonable suspicion of child or elderly abuse
- should the court subpoena a clinical file

I am aware that counselling services are completely voluntary, and that I may with draw at any time. I understand and/or have had to opportunity to inquire about the following information:

- background, credentials, and methods of the practitioner providing and/or supervising my services
- the nature and process of the services to be provided
- risks and benefits of treatment
- handling and storage of professional records
- parental access to records for clients under the age of 18
- fee, method, and schedule of payment
- cancellations
- emergencies
- complaint process

I hereby acknowledge that the service has been explained to me, and that I understand and consent to the services to be provided.

Client _____

Date _____

Client _____

Date _____

Witness _____

Date _____