



**Dr. Louis-Marc Lauzon, Ph.D.,
Psychologue clinicien**

CONSENT FORM FOR PSYCHOLOGICAL SERVICES

Read and complete page 3 of this document

1. Purpose of Services

Psychological services are being provided to address concerns related to your mental health, well-being and other relevant issues to you. These services will include treatment/ counselling, and possibly assessment or diagnosis

2. Confidentiality

All information disclosed during your sessions is confidential and will not be shared with others without your consent, except in the following circumstances:

- Imminent danger/risk to yourself or others. It is required by law that the clinician takes the necessary steps to prevent such danger. This could involve notifying emergency services or family members.
- If there is reasonable suspicion that a child or a vulnerable person is being sexually, physically or emotionally abused. The clinician is required by law to take the necessary steps to protect the person and inform the proper authorities.
- Elder Abuse or Vulnerable Adult Abuse: Similar to child abuse, psychologists may be required to report suspected abuse or neglect of elderly or vulnerable adults.
- If you provide consent to share information with a third party (e.g., another healthcare provider).
- Incompetence or Incapacity: If a client is judged to be legally incompetent (e.g., due to severe mental illness or cognitive impairment) and is unable to make decisions for their own well-being, a psychologist may need to disclose information to a legal guardian or family member to protect the individual.
- Court Orders/Subpoenas: If a court orders a psychologist to release client records or testimony, confidentiality may be waived. However, psychologists typically try to limit the information shared to what is legally required.



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3. Financial agreement.

I hereby agree to pay all related fees as discussed.

Each session is typically 60 to 65 minutes. Fee is **\$200 CAD**, payable immediately following each session.

There are two payment options:

1- **E Transfer** to Drlmlauzon@gmail.com.

2- **Credit card** via **PayPal**. You receive a link and enter your credit card information.

* Please note that a PayPal fee of 6.50\$ will be added.

Please advise on your preference. A receipt will automatically be provided for insurance claim.

4. Cancellation Policy

If you need to cancel or reschedule an appointment, please notify the provider **24 hours** in advance if at all possible.

5. Consent to Treatment

By signing this form, you consent to receiving psychological services. You understand that these services may involve discussing personal and sensitive topics, which may evoke strong emotions. You are also aware that progress in therapy may vary and that therapy is a collaborative process based on your treatment goals and what you wish to achieve. Therapy is also most effective when you feel connected and comfortable with the therapist, thus you are encouraged to communicate and discuss any discomfort or concerns. You also have the right to discontinue therapy at any time.

6. Emergency Procedure

If you are facing a crisis or need immediate assistance you can contact me for an urgent session. Please keep in mind that I may not be available when you try reaching me.

If you experience a crisis or need urgent support, please contact your local emergency services or hospital.



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Client Acknowledgment and Consent

By signing below, you acknowledge that you have read and understand the information provided in this form, and you consent to receiving psychological services under the terms outlined above.

Client Name :

Date of Birth :

Address :

Phone Number :

Email Address :

Emergency contact information

Name :

Phone number :

Client's Signature :

Date :

Provider's Signature :

Date :

Dr. Louis-Marc Lauzon

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