Consent Form (Minors)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of participant or/and legal guardian) do consent to mental health sessions with Elevate Counselling and Therapy Services, and here by agree to disclose personal information to be used for future planning.

I agree to participate in sessions both in person and virtually with Elevate Counselling and Therapy Services, agreeing to complete all out of session activities requested of me. I am aware of the conditions in which confidentiality may be broken and are aware of the consequences that may result.

For legal guardians: I agree to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in individual sessions and agree to not being informed on what is being discussed unless Elevate Counselling and Therapy Services, deems it beneficial to the participant, or there is a safety concern.

I understand that any time I or Elevate Counselling and Therapy Services, may end the agreement.

I consent to reading the Information package, to reading and filling out the “Liability and Release Waiver “and to completing the “About You” document prior to booking.



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed by Participants**

