Consent Form

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 am aware of the consequences that may result.

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

I consent to read the Information package, to read and fill out the “Liability and Release Waiver “and to complete the “About You” document prior to booking.

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

**Date Signed by Participants**



