



PARENTAL CONSENT FORM

I, _____ (Parent's name) consent to my child:
(Child's Name) _____ DOB: _____
to receive counselling treatment services from Sonya Jakos, MA, CCC

I understand that all information will be kept strictly confidential, with the following exceptions:

- Knowledge of ongoing abuse or neglect of a minor (including your child) or a dependent adult.
- Imminent and serious risk of suicide for your child, or risk of harm towards other(s).
- Subpoena of your child's file or required testimony by a court of law.

Sonya Jakos does not provide formal assessments of the child, parental fitness, home assessments, or custody/access assessments. Sonya Jakos will not provide expert opinions about the best interests of children in litigation proceedings.

Current fees are:

- Counselling: \$100 for a 60 minute individual session.
- Phone consultations: charged in 15 min increments
- Parenting or family session: \$125 for 75 minute session.

Missed appointments without 24 hours notice of cancellation must be paid in full.

If your child is experiencing a mental health emergency, please go to your nearest emergency room or call The Vancouver Island Crisis Line at 1-888-494-3888. Please do not wait to get a hold of me.

Your signature at the bottom of the page indicates that you have discussed the following information with Sonya Jakos, and understand and agree to all of the information provided. You may revoke your consent to treatment in writing at any time. You may contact Sonya Jakos at 250-891-3200 at any time to receive updates about your child's counselling plan and/or progress.

Signature of Parent(s)/Legal Guardian(s)

Relationship to Child

Signature of Parent(s)/Legal Guardian(s)

Relationship to Child

Signature Child/Adolescent

Date

Signature of Counsellor

Date