

**Daniel W. Metzger R.P.N., M.A.**  
**Counselling and Psychotherapy Services**  
**Personal Information and Statement of Understanding**

Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ OK to call? yes no Leave Message? yes no

Work Phone: \_\_\_\_\_ OK to call? yes no Leave Message? yes no

Cell Phone: \_\_\_\_\_ OK to call? yes no Leave Message? yes no

Name and phone number of your Medical Doctor in case of emergency:

\_\_\_\_\_

Visa or Master Card Number: \_\_\_\_\_

Expiry Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Welcome to my telephone counselling practice. Please read and sign this form regarding this Statement of Understanding, including policies on confidentiality, payment for counselling services rendered and the cancellation of appointments.

All our contact is strictly confidential. No information about our contact can be released by me without your prior written consent. There are the following exceptions to the confidentiality of our contact:

- 1) I am obligated under law to inform the appropriate person or authority if there is an imminent or serious risk of harm to yourself or others. This includes risk of harm to children.
- 2) If I or my clinical notes are subpoenaed under a court order, under some circumstances, a Judge can require me to disclose details of our contact.

You agree that you are over 18 years of age. You agree that you have reviewed the contents of my website [www.realenrichment.com](http://www.realenrichment.com) and are thus informed of the nature of my counselling and psychotherapy practice. You consent to voluntarily engage in telephone counseling sessions with Daniel W. Metzger R.P.N., M.A.

My fee is \$90.00 per 50 minute counselling session. You will automatically be charged \$60.00 for appointments cancelled with less than 24 hours notice. I appreciate as much notice as possible when appointments need to be cancelled. It is understood and agreed that fees will be deducted using your Visa or Master Card at the time of appointments unless other arrangements have been made. Your credit card will show the charges under "Daniel W Metzger R.P.N., M.A."

You understand and agree to the above information and agree that the information you provided is correct.

Signature of Client named above: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Fax this form to: 1-250-352-2360 or mail to: P.O. Box 359, Nelson, B.C., V1L 5R2**