

**Dr. Julianna Switaj, C. Psych.**

Registered Psychologist #4651, Clinical and Counselling Psychology  
519-760-7035 (cell) | 519-824-0802 (fax) | [drjuliannaswitaj@gmail.com](mailto:drjuliannaswitaj@gmail.com)

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**Consent to Services Form – Supervised Practice**

Important information for clients

Julianna Switaj, PhD (C. Psych.) is a Registered Psychologist with the College of Psychologists of Ontario. Information about your care is shared with Dr. Switaj for the purpose of planning treatment, providing therapy and associated services, or for preparing a report on your behalf.

Your counsellor, Sarah Schlote, MA, RP, CCC, SEP is a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario (#3402), a certified member of the Canadian Counselling and Psychotherapy Association (#0476) and a Somatic Experiencing® Practitioner. Sarah is incorporated as the Schlote Psychotherapy Professional Corporation (operating as The Refuge: Centre for Healing and Recovery), and is supervised by Dr. Switaj for your optimal clinical care.

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I \_\_\_\_\_ consent to a) Psychological  
*(client name)*

Assessment or b) Psychological Treatment with \_\_\_\_\_ under the  
*(therapist name)*

supervision of Dr. Julianna Switaj to provide counselling services to me.

**Limits of Confidentiality**

Confidentiality is respected at all times. Please note, your psychological assessment report(s) will be released to the referral source: \_\_\_\_\_, insurance company, legal representative, and/or family doctor once completed. Many times, your legal representative and/or other medical professional(s) will ask our office to release your clinical notes (notes written by the treating therapist and secured in your file). Our office will only release your clinical information to a third party with your informed consent.

Exceptions to confidentiality include the legal and/or ethical obligations for your therapist to:

- Inform a potential victim of a client’s intention to harm;
- Inform an appropriate family member, health care professional, or police if necessary of a client’s intention to end his or her life
- Release a client’s file if there is a court order to do so
- Inform the Children’s Aid Society if there is suspicion of a child being at risk or in need of protection due to neglect, or physical, sexual or emotional abuse
- Report a health professional who has sexually abused a client.

In addition, Psychologists are regulated by the College of Psychologists of Ontario who may inspect our records and interview our staff as a part of their regulatory activities in the public interest.

**Cancelled / Missed Appointments**

It is your responsibility to ensure that you contact your therapist when they initially contact you to arrange for an assessment and/or therapy. Not contacting your therapist may result in termination

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of services. In order to maximize the effectiveness of counseling services, clients should make counseling a high priority and should not cancel sessions except in case of emergency. Session fees will be applied for appointments cancelled less than 48 hours in advance. If you cancel/miss more than 3 (three) consecutive appointments, your therapist may reserve the right to discontinue your treatment.

**Payments and Extended Health Insurance**

Payments are to be made to Dr. Julianna Switaj by cash, cheque or eTransfer. Clients who have extended health insurance will pay Dr. Switaj and will be given a receipt to be submitted to their insurance company for reimbursement of psychological services covered by their plan.

**In Case of Emergency**

Emergency services are not available. In case of emergency, clients should dial 911, or contact their family practitioner, or go to the nearest emergency department of any hospital.

I have read and understood the information presented in this document. I hereby consent to a psychological assessment, psychological services and/or counseling services.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date