Sundancer Psychological Services
#200-1212 1st SE (Macleod Trail S)
Calgary, Alberta
T3P 3E5
(587) 437-9019
jginter57@gmail.com

Consent to Treatment

Informed Consent to Treatment Form

I have discussed and understand the following:

- Joanne Ginter's treatment approach.
- Joanne Ginter's fee policies.
- Joanne Ginter's privacy policy and limits of confidentiality.
- Joanne Ginter's use of electronic forms of communication.

I accept Joanne Ginter's policies and I give informed consent to receive services with clinicians at Sundancer Psychological Services. I understand that I may ask questions at any time about the treatment plan, therapeutic procedures, possible risks and anticipated outcomes. I also understand that I am free to discontinue treatment for any reason at any time.

☐ I have read and agree to the terms set out in this informed consent to treatment form.

Please enter today's date *(YYYY-MM-DD)*