



STELLA KAVOUKIAN, MSW, RSW

Email stella.connections@gmail.com

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (B) _____

(CEL) _____

Email _____

NAME 2: _____

ADDRESS: _____

TELEPHONE: (H) _____ (B) _____

(CEL) _____

Email _____

Children's Names

DOB _____

DOB _____

DOB _____

DOB _____



1. It is requested that you pay your fee at the end of each session.
2. It is requested that you provide 48 hours notice for cancellations to avoid being charged the normal hourly fee for a missed session.
3. There will be no sharing of information without your written and signed consent.
4. There will be a charge for any reports or letters prepared and sent and for consultations with other professionals upon agreement. There is also a charge for emails of a substantial nature (excluding scheduling.)
5. All discussions with the therapist are confidential within the limitations of a particular therapeutic modality and all information is held in confidence subject to any legal requirements placed on the therapist by the general law.

I understand that I have contracted Stella Kavoukian , MSW, RSW for social work services. The fees are \$_____ per hour for therapy and \$_____ per hour for mediation payable by cash, cheque or email transfer, at the end of each session.

Signature 1: _____

Date: _____

Signature 2: _____

Date: _____