

STELLA KAVOUKIAN MSW, RSW

I consent to participating in closed therapy sessions with Stella Kavoukian. I understand that the purpose will be to provide support and as such all of the sessions between Stella Kavoukian and myself will be considered confidential. I agree that none of the information obtained or discussed during the course of the therapy may be used outside of the therapy sessions and will not be used in any Court proceedings.

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 acknowledge that:

- I waive my right to subpoena Stella Kavoukian, her records, notes, correspondence or similar documents relating to the therapy at any time during or subsequent to the therapy.
- All communication during the course of therapy is confidential and will not be used in any Court proceedings.

I am signing below to indicate that I read, understood, and agree to the terms outlined above.

Date: _____

Date: _____

Name: _____

Name: _____

D.O.B.: _____

D.O.B.: _____

Signed: _____

Signed: _____

Witness Name: _____

Witness Signature: _____