

THRIVE FAMILY COMPANY

Consent to Counselling

Children • Teens • Families

A warm, collaborative, evidence-informed counselling practice

Client Information

Client Name: _____ DOB: _____ Age: _____

Parent/Guardian(s): _____

Date: _____

Welcome

Thank you for choosing Thrive Family Company. My goal is to provide a safe, respectful, and compassionate space where children, teens, and families can build resilience, strengthen relationships, and develop practical skills.

Consent

Counselling is voluntary. You may ask questions at any time and may withdraw consent, subject to legal or contractual obligations.

Confidentiality

Information shared in counselling is confidential except where disclosure is required by law, including risk of harm, abuse or neglect, or a court order. Age-appropriate privacy is respected while working collaboratively with parents.

Communication

Email and text messaging are intended for scheduling and administrative communication only. They are not monitored continuously and should never be used for emergencies.

Fees & Appointments

Session Fee: \$150 (60 minutes). A minimum of 48 hours' notice is required for cancellations to avoid a late cancellation fee.

Acknowledgement

- I have read and understand this consent form.
- I have had an opportunity to ask questions.
- I consent to counselling services provided by Sian Trombley, B.Ed., MACP, CCC.

Parent/Guardian Signature	Date
Second Parent/Guardian	Date
Client (12+)	Date
Therapist: Sian Trombley, CCC	Date