



**Mylène Deveau, M.A.Ps.**  
Licensed Psychologist  
Moncton, NB

[mylene@myledeveau.ca](mailto:mylene@myledeveau.ca)

### CONSENT TO SERVICE

CLIENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Psychological services are provided on a voluntary basis. Consent is needed to provide service to you and your children. Everything we discuss and all the information gathered on you and your family during our work together is confidential. A separate consent is needed to share information about you with other persons or agencies.

Confidentiality will be broken in any of the following circumstances:

- By law, psychologists are mandated to report any abuse to children and dependent adults, including sexual, physical, psychological abuse, exposure to family violence, and/or sexual abuse in a health professional /client relationship.
- If you or your child is at risk of committing suicide or seriously harming someone else, we will take the necessary steps to ensure safety.
- If called to court to testify under subpoena.

While you are seeing a psychologist, it is your responsibility to attend scheduled appointments, or to notify in advance if you cannot attend.

I understand the above information and give my consent under these conditions. This consent can be withdrawn by the consenting person at any time.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Consenting person)

DATE CONSENT GIVEN: \_\_\_\_\_

DATE WITHDRAWN: \_\_\_\_\_