

The Separation/Divorce Resource Centre Inc.

Consent for Service

Supervised Access Program

I _____ (full name of participant)
am aware and agreeing to participate in supervised access services at The
Separation/Divorce Resource Centre Inc.

I am aware and agree that Visitation Services cost \$40.00 per hour. If a supervised access
meeting is only half an hour, clients are still subject to pay half of the \$40.00 (\$20.00).
_____ Initials

I am aware and agree that prior to starting each party must go through an Intake Meeting
separately. The Intake fee is \$120.00 and is shared equally by both parties (\$60.00 each).
I am aware that the \$60.00 will be paid in full prior to the start of the respective intake
meeting. _____ Initials

I am aware that all Intake and Visitation payments are to be made in **cash, debit or
credit** prior to the starting of each session.
_____ Initials

I am aware that the visit will not take place if I do not pay at the beginning of each
session. _____ Initials

I _____ (full name of participant)
agree to follow all the rules, regulations, guidelines, policies, and procedures set forth by
The SDRC Inc.

I am aware I must give 24 hour notice to a cancellation of a session. If for whatever
reason I fail to notify the staff of a cancellation then, I am aware that there will be a
penalty of \$25.00, subject to be paid on my next visit.
_____ Initials

I am aware that SDRC staff can stop visitation at any time based on their discretion.
_____ Initials

I am aware that notes will be taken during each visit and can be requested by the lawyers or the courts; however, SDRC Inc. staff will not be eligible to be called into court and will not write reports.

_____ Initials

I am aware that visitation schedules are dependent on the individual case workers schedule as well as the room availability.

_____ Initials

I agree to respect the confidentiality of other clients who are accessing services at The SDRC Inc. I agree to keep all information in regards to other clients' strictly confidential meaning I may only discuss my participation and association with The SDRC Inc. I will not discuss the attendance or activity of any other client I may view or become aware of at The SDRC Inc.

_____ Initials

I have read and understood all statements made in this Consent for Service. By signing this document I am stating that this document is clear to me and I agree to adhere to all statements made in this document. I am aware that should I not follow the statements made in this documents visitation may be terminated temporarily or permanently.

_____ Initials

Signature: _____

Date: _____