dr.reecemalone
Sexuality Consultants and
Support Services Manitoba, inc.
Reece Malone, DHS, MPH, CSE, CST, ACS
Sexologist, Sex Therapist, Sexuality Educator

INTAKE FORM

INFORMATION PROVIDED IS PROTECTED AS CONFIDENTIAL

Date _____

Legal name _____ Preferred name _____

Gender _____ Pronoun (he/she/they) _____ Date of Birth _____ Age _____

Address _____
(Street, City, Postal Code)

Phone number _____ Are messages okay? Yes ____ No ____

Email: _____ Are messages okay? Yes _____ No____
Note – email correspondents is not considered to be a confidential medium of communication

Emergency contact: _____ Phone: _____

Relationship status: _____ Number of years with current partner/spouse: _____

Services referred by (if any): _____ How did you find this service? _____

Have you sought out therapy/counselling before? Yes ____ No____ What has been helpful (or not helpful) through previous therapy/counselling?

Please list any current medications (prescription and non prescription), supplements, herbs, etc. for mental and physical health, dosages and any physical/emotional side effects:

Please share your therapy/consultation goals (feel free to use the back of this page):

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LIMITS OF CONFIDENTIALITY

All sessions will be provided by Dr. Reece Malone independently, or with a colleague(s), or with a supervised practicum student with your verbal or written consent

Dr. Reece Malone offers private and confidential services and will not release any personal information unless accompanied by a written consent form or by a court order. Discussion of client information in a manner that may reveal a client's identity must take place only on a "need to communicate" basis. All notes, records, and communications are kept secure and confidential.

Data may be gathered from this information for statistical or teaching purposes but will be collected and shared in a non-identifying manner.

There are some limitations to confidentiality. Under certain circumstances, the office of Dr. Reece Malone will be in a position in which staff cannot safeguard confidentiality. These circumstances include:

- Electronic communications such as email or third party video conferencing.
- If there is a disclosure, intension or threat to harm yourself, or another person, appropriate authorities will be contacted in order to ensure individual safety.
- By law, disclosures of child abuse (or vulnerable adult) in which a child (or vulnerable adult) has been harmed, or is at risk to be harmed will be reported to Child and Family Services or appropriate social services.
- Emergency situations such as a medical crisis.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Signature: _____ Date: _____

Print: _____

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FEE, CANCELLATION AND NO-SHOW POLICY

1. Fees are set on an hourly (60 minutes) basis. Payment is due at the end of the session unless otherwise arranged.

2. You may obtain a receipt at the time of payment specifying the session date, fees for service, and payment received.

3. Services are not covered by Manitoba Health or by Welfare.

4. Services may be covered by third-party insurance policies. Clients are responsible for checking with their insurance company whether sexology is covered as well as limits of their policies.

5. There are no charges for a cancellation made at least 24 hours prior the time of an appointment.

6. Sessions cancelled the day of the appointment will be billed at half the agreed fee, except in the case of emergencies.

7. The full session fee will be charged for failing to cancel an appointment.

8. Telephone calls exceeding 10 minutes, other than the initial consultation, will be billed proportionately; as will professional telephone consultations (e.g. physicians, physiotherapists, specialists, etc.) exceeding 10 minutes. These services will be billed proportionately at the hourly rate and undertaken only with the client's explicit consent.

9. Other than a referral initiated by Dr. Malone, written reports to other professionals or third-parties will be billed proportionately at the hourly rate and undertaken only with the client's explicit consent.

10. Clients are billed interest at the rate of 1.5% monthly for outstanding balances more than 30 days, unless alternative arrangements have been made. Outstanding balances more than 90 day may be referred to a collection agency. Any time spent trying to collect unpaid balances will be billed at the agreed upon fee.

I HAVE READ THE ABOVE AND I AM AGREEABLE TO THE TERMS OUTLINED.

SIGNATURE OF PARTY RESPONSIBLE FOR PAYMENT DATE

_____ _____