



Full Assessment Package

Welcome! Thank you for choosing Financial Fitness. We are a not for profit credit counselling agency serving the community since 1968. Your full assessment today will include a budgeting session listing your income, expenses and debts. Using this information we will devise a financial plan and/or debt reduction strategy based on your goals and needs.

All information you give us is strictly confidential and is protected in accordance with Canada's **Personal Information Protection and Electronic Documents Act** (PIPEDA). Other than confirming you kept your appointment (if we are asked), we cannot release information regarding your file without your written authorization (unless we are required to do so by law). This includes personal information as defined in PIPEDA. By signing this document you consent to the collection of your personal information including details of your financial history to be kept in the database maintained by Credit Canada. You also consent to its use by the Agency and its partners at Credit Canada to help in the assessment of your financial situation and other administrative purposes including: filing, records keeping and processing.

Authorization for budgeting and counselling services

- I hereby authorize and direct the Agency (Financial Fitness) to provide counselling and budgeting services.
- I understand that I will be asked to discuss cause of credit and debt problems.
- I understand that the purpose of this service is to provide information, insight, support, and referral.
- I understand that the Agency will not involve anyone other than myself without my written consent.
- I agree to permit such federal, provincial and municipal government agencies to review my records in support of the Agency's application process for government funding.
- I consent to permit access to my records by authorized representatives of the Canadian Centre for Accreditation for the purpose of granting and maintaining accredited status to the Agency.
- I consent to permit access to my records by authorized partners of Financial Fitness and its partner Credit Canada for the purpose of maintaining my file.
- I consent to allow additional Counsellors to record electronically or observe counselling sessions.
- I release the Agency, its employees and Board of Directors from any liability for consequences resulting from any action by the Agency, its employees, or Board of Directors.
- I understand that this agreement is voluntary and can be cancelled by anyone acting for the Agency or me at any time.
- I understand that the fees I paid were to offset a portion of the Agency's costs for this service.
- I affirm that all information that I have given to the Agency is correct in detail and complete.
- I understand the above statements and voluntarily agree with the conditions and terms.
- I confirm that I have received a copy of this agreement.

You have the right to review your file in the presence of your Counsellor or the Executive Director, and request that any incorrect information be corrected. You also have the right to complain about the service rendered or appeal a decision you consider unsatisfactory. Further information is available from your counsellor.

□ 420 Devonshire Road
Windsor, Ontario N8Y 4T6
☎ Ph: 519-258-2030
☎ Fax: 519-258-9243

□ 420 East St. North
Sarnia, Ontario N7T 6Y5
☎ Ph: 519-542-1130
☎ Fax: 519-542-0935





Our Cancellation Policy

Please call us to confirm your appointment at least three days prior to your appointment date. Failure to confirm your appointment may result in your appointment being cancelled or rescheduled.

We require a minimum of 24 hour notice to cancel an appointment.

If you miss an appointment for a service requiring a fee, and have not called to cancel within 24 hours of the appointment you will be responsible for paying the fee prior to booking any further appointments.

I/We acknowledge receipt of this information sheet and agree to disclose my/our personal information for the purpose outline above.

Client Print: _____ Client Sign: _____

Client Print: _____ Client Sign: _____

Witness: _____

Dated in _____ this _____ day of _____ 20____



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Credit Counselling Services of Southwestern Ontario is an authorized licensee of such Trade-mark.

