# **INFORMED CONSENT**

Counselling is a collaborative effort between client and therapist and if at any time during the process you have a question about whether or not the treatment is effective or need clarification, please do not hesitate to discuss this during a counselling session.

The process of change begins by first clearly defining the problem, discussing thoughts and feelings as well as developing an understanding of the origin of the difficulty. Together we will develop new skills for you to use and a healthy attitude about yourself and others. The key factor in this process is for you to feel comfortable and free to express yourself within the session with an understanding that I will challenge and encourage you towards new growth.

By initializing each box, you acknowledge acceptance.

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Length of sessions:

The usual length of a counselling session is one hour.

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Confidentiality:

I use email to communicate with clients outside our sessions. I may send an article, suggest a between session activity, confirm or change an appointment or simply check – in. If you are uncomfortable with email communication, please inform me so that we can discuss alternatives

Occasionally a case may be discussed within a confidential supervision forum to enhance treatment interventions. In this situation, identifying client descriptors will be withheld.

However, if I am ordered by the court to release my records, if I am concerned that you are currently the victim or perpetrator of child or elder abuse, if information is shared about a child or dependent adult currently at risk of abuse or neglect, if I’m fearful that you may harm yourself or someone else, or if abuse by another professional is disclosed, I may be required to notify the professional body, warn potential victims or take other responsible steps to prevent the threatened harm. I will speak to you if any action is required.

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Fee for Service:

My fee for individual clients is $100.00 per hour and $150.00 per hour for couples. Reports required for other professionals or third- party billing will be billed at $30 per report plus the hourly fee. When home visits are arranged, mileage will be added at $.55 per kilometre as per the CRA.

Cancellation:

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If for any reason you are unable to make it to our scheduled appointment, please contact me as soon as possible. If less than 24 hours notice is given, you will be charged for half of the missed appointment.

If I must cancel I will notify you to set up another appointment time as close as possible to the original time.

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Terminating Treatment:

You have the right to terminate or take a break from treatment at anytime without my permission or agreement. However, if you decide to do so, I encourage you to speak with your counsellor about the reason for your decision so that we may bring sufficient closure to our work together.

I have read, understand and agree to the information and policies described in this form.

Client’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency:**

The person to contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give Jody Woodcock permission to contact the above name(s) in the event of an emergency.

Client Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature (Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_