

CLIENT CONSENT TO THE CONDITIONS OF SERVICE

Benefits and Risk of Counselling

Many people find counselling helpful. Occasionally, counselling can elicit difficult or distressful emotions. At all times, you have the right not to discuss a topic, or to terminate the session or counselling. Psychotherapist/counsellors are responsible for trying to help you achieve changes with the minimum distress possible. Although there is no guarantee of improvement for every situation, as a psychotherapist/counsellor I have been trained to use interventions and techniques that have been researched and proven to be beneficial for most people.

Client Rights

You have been informed of my credentials, approach to counselling, and the associated risks and benefits of various forms of counselling. You understand that your participation in counselling is voluntary; that I will answer any questions that you have about your counselling and that you have the right to refuse counselling or withdraw from counselling at any time. I will explain the risks and benefits associated with alternative services or having no services at all.

Client Privacy

I am committed to protect the privacy of my clients in accordance with related privacy legislation. The protection of privacy means that only information that is necessary for identification or that is relevant to the services provided will be collected. All client files and data are in a secure location or a secure server. Client information is considered confidential however; it may be shared with a supervisory member for the purpose of the most effective service to the client. There are however, some legal exceptions to confidentiality. **The limits of confidentiality** that you should be aware of are listed as follows:

- If a counsellor has reasonable grounds to suspect that a child under 16 years old is at risk for abuse or neglect
- If there are reasonable grounds the information is needed to eliminate or reduce significant risk or serious bodily harm to the client, another individual or a group of persons
- If the client's record is subpoenaed by a court of law or the agency is presented with a search warrant

Fee Payment Agreement

Charges for psychotherapy/counselling services are \$120.00-\$150.00. However, a sliding scale could be implemented considering the client's ability to pay.

Your fee for psychotherapy/counselling will be \$ _____ per session, the fee to be paid prior to each session.

Cancellation Policy: We require that all clients provide the counsellor with at least 24 hours notice of appointment cancellation. You will be charged \$ _____ for sessions missed or cancelled with less than 24 hours notice.

I have read, or had this statement read to me, and acknowledge the conditions. In signing, I also confirm my eligibility for the sessions:

Signature: _____ Date ____/____/____

Signature: _____ Date ____/____/____

Signature: _____ Date ____/____/____

Patient Information:

Name(s): _____

Address _____

City _____ Postal code _____

E-mail Address: _____

Phone Number: _____ Permission to call/ leave a message at this number: YES NO

Cell Number: _____ Permission to call/ leave a message at this number: YES NO

Work Number: _____ Permission to call/ leave a message at this number: YES NO

Birth Date ____/____/____ Age _____ Birth Date ____/____/____ Age _____

How were you referred? _____

Have you had previous counseling? YES NO When? _____

Briefly describe your main reason for counselling: _____

Current Health On a scale of 1 (very poor) to 10 (excellent) how would you rate your present health? (circle one) 1 2 3 4 5 6 7 8 9 10

Name of your MD:

Are you concerned about drug or alcohol use? YES NO

Are others concerned about your alcohol or drug use? YES NO

Have you experienced negative consequences as a result of your use? YES NO

If yes, describe: _____

During the last 12 months how often and how much did you use:					
	Never	Less than once per month	1 to 3 times per month	1 to 2 times per week	3 times per week or more
Alcohol (Standard drinks)					
Cannabis					
Cocaine					
Other drugs (Specify)					
Prescription medications (Specify)					
Tobacco					