



## River Stone Psychotherapy

Julia Hintermeister

250-224-2935

riverstonepsych@gmail.com

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### **General Information and Consent for Services**

#### **About Me:**

Welcome to River Stone Psychotherapy. My name is Julia Hintermeister and I am a registered clinical counsellor and child art psychotherapist. I have been a practicing child and youth clinician since 2013 and am very passionate about child and youth mental health.

#### **What is Psychotherapy?**

Psychotherapy is intended to help people improve and maintain their mental health and well-being. Psychotherapy occurs when the psychotherapist and client enter into a psychotherapeutic relationship where they both work together to bring about positive change in the client's thinking, feeling, behaviour and social functioning. Individuals usually seek psychotherapy when they have thoughts, feelings, moods and behaviours that are adversely affecting their day-to-day lives, relationships and the ability to enjoy life.

#### **When working with a therapist you should expect the following:**

- a conversation about the benefits, risks and expected outcome(s) of the psychotherapy and the opportunity to give your informed consent
- a clearly communicated, mutually agreed upon goal or plan for the psychotherapy
- each therapy session has a clear beginning and a clear end where problems or concerns are presented and discussed and outcomes are explored
- the appropriate use of boundaries to create a safe and confidential environment

#### **Benefits of Counselling**

Counselling can help a person gain a new understanding about his or her problems and acquire new ways of coping with and solving those problems. Therapy can help a person to develop new skills and to change behaviour patterns. Therapy can contribute to an increased understanding of self and others.



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### **Risks of Counselling**

While there are potential benefits to therapy, success is not guaranteed and there are potential risks. Therapy may stimulate memories, evoke strong feelings, and change in awareness may alter one's self perception and ways of relating to others. Sometimes clients may feel worse before they feel better. This is especially a concern for trauma clients. Clients must understand that therapy is a process and you can continually discuss any concerns you are having with your counsellor.

### **Contact Information and Communications:**

**Julia Hintermeister**

**250-224-2935**

[julia.hinter@gmail.com](mailto:julia.hinter@gmail.com)

[riverstonepsych@gmail.com](mailto:riverstonepsych@gmail.com)

[www.riverstonepsychotherapy.com](http://www.riverstonepsychotherapy.com)

**B.C. Association of Clinical Counsellors Member Number: 18087**

### **Collection and Storage of Personal Information**

Storage and collection of client information is in accordance with the personal information and privacy act (PIPA) and in accordance with the BCACC guidelines. If you have any questions regarding this, please speak with Julia.

### **Complaints or Questions**

If you have a complaint or question, please feel welcome to talk to Julia first. If you would like to talk to someone else, you can contact the BC Association of Clinical Counsellors at (250) 595-4448.

### **Fees**

It is the responsibility of the client to ensure that you are able to cover payments ahead of the starting sessions. This may mean contacting your insurance company to be clear that they cover Registered Clinical Counsellors and members of the BCACC. It is not the responsibility of the clinician to file claims with your insurance. Please see attached Fee Information Sheet for more information.

### **Cancelled and/ or missed appointments**



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When possible please provide 24 hour notice for cancellation of appointment. Due to COVID-19, and the efforts to keep sick people home, there will be no cancellation fee at this time. After 2 cancellations with less than 24 hour notice we will discuss late notice fees moving forward.

### **Child and Youth Therapy Guidelines**

Children under the age of 12 years old require adult consent to access counselling services. Consent must be provided by all legal guardians of the child.

### **Confidentiality**

Information about counselling sessions will not be released to anyone without your informed, voluntary, and written consent.

### **Limits of Confidentiality:**

- When you or your child may be in danger to yourself or others.
- When there is suspicion or disclosure of abuse of vulnerable persons such as a child or elderly persons.
- When records are subpoenaed by court order.
- Every reasonable effort will be made to discuss these circumstances with you prior to the involvement of other professionals.

In addition, exceptions may be made if the counselling is being paid for by the third party (EAP, MCFD). This will be discussed with you at the onset of counselling.

### **Conflict of Interest**

If at any time it comes to be known that there is a conflict of interest involving you as a client all efforts will be made to notify you at the next scheduled session. It is encouraged that you also let your counsellor know if you become aware of any conflicts of interest.

### **Contacting Health Professionals and Family Members**

Please provide the name and contact information for any professional or support persons who you may wish to have involved in your child's well-being. You have a right to know what transpires if any conversation occurs between your counsellor and other professionals and supports.



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### **Name**

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### **Contact Information**

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### **Consultations**

In order to provide the best possible service, I may consult with another professional(s) about our work together, your name and other identifying information will never be used.

### **Additional Client Rights**

- Clients have the right to withdraw this consent at any time. Please provide this in writing whenever possible.
- Clients have the right to refuse particular counselling interventions.

**I have read, understand, and agree with the above.**

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**Client Name**

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**Date (yy/mm/dd)**

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**Parent/Guardian Signature**

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**Date (yy/mm/dd)**

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**Parent/Guardian Signature**

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**Date (yy/mm/dd)**

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**Julia Hintermeister**

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**Date (yy/mm/dd)**