**Statement of Understanding**

Client Initials\_\_\_\_

It is important for you to read over the following points and ask any questions that you may have.

**Nature of Counselling:** As your counsellor, I will encourage you, the client, to set specific goals for counselling and will generally use a client centred, eclectic and integrated approach to help meet your unique needs. I will work with you to help you achieve your therapeutic goals through unconditional acceptance, empathy, and a willingness to be sincere and non judgemental. Participation in counselling therapy is voluntary; however the collaborative outcome is directly influenced by the client’s honesty, openness, motivation and willingness to actively engage in the therapeutic process with the counsellor/ therapist. The client may terminate the sessions at any time and that decision will be supported.

**Effects of Counselling:** As a client progresses through counselling there can be emotional ups and downs. Sometimes in counselling one may feel worse before feeling better - this is a normal part of therapy. While benefits are expected from counselling, specific results are not guaranteed. Counselling is a personal exploration and may lead to major changes in your life. These changes may affect others in your life and some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you. This issue can be discussed in more detail, if there are any questions or comments. Please be advised that some sessions may involve: tapping on specific acupressure points; unresolved memories, emotions and/or physical sensations surfacing; and after the session, processing may continue

**Session fees:** Fees are set per one hour session, and the counsellor agrees to provide counselling services. Session duration could be weekly / bi-monthly / monthly / based on the client’s needs. Payment in full for sessions is payable at the end of each session. In the event that you will not be able to keep an appointment, please let me know at least 48 hours in advance; cancellations of less than 48 hours notice are charged half the sessional rate. Same day cancellations are charged the full session rate. Other services, such as lengthy letters, reports, consultations and phone conversations may be billed at an hourly rate.

**Counselling Relationship:** Ours is a professional relationship rather than a social one. Our contact will be limited to counselling sessions arranged with me except in case of emergency when you may contact me by phone. Please do not invite me to social gatherings, offer me gifts, ask me to write references for you or ask me to relate to you in any way other than the professional context of our counselling sessions. If I see you in public, I will protect your confidentially by acknowledging you only if you approach me first. I will not discuss details of the counselling sessions in public. I may consult with supervisors, colleagues or other health professionals regarding the management of cases. Every effort is made to protect the identity of you, the client

**Use of Personal Information.** Privacy of your personal information is an important component of counsellling. We bring to your attention the Canadian Federal legislation known as Bill C-6 Personal Information and Electronic Documents Act (PIPEDA). The focus of this Act is to protect the privacy rights of individuals concerning the collection, use and disclosure of their personal information.

We are committed to collecting, using, and disclosing your personal information responsibly. Only necessary personal information is collected about you. Storage, retention, and destruction of your personal information complies with existing legislation, and privacy protection protocols.

**Confidentiality**: All of our communication and what happens in session becomes a part of your clinical record. Keeping files allows me to work with you in a planned and organized manner tracking goals and progress. My client records are kept password protected and on personal drive. These records will be maintained for a minimum of 7-10 years after our last counselling contact, in accordance with the CRPO. Therefore, you will be unable to access your information after this time unless other arrangements are made.

**Limits of Liability:** Healthy Mind Therapy’s liability to users of its counselling services, and of any uses related to its website will, in any and all circumstances, be limited to direct damages suffered or incurred by you. In no event will Healthy Mind Therapy be liable for indirect, consequential, exemplary, incidental, special, punitive, or aggravated damages. The limitations on liability in this paragraph shall apply irrespective of the nature of the cause of action, demand or claim, including breach of contract (including fundamental breach), negligence, tort or any other legal theory. For greater certainty, in no event shall Healthy Mind Therapy be liable in respect of any third party claims.

**Responding to a Subpoena:** In the event that a subpoena for records or testimony is received, it is the policy of this office to: (1) Notify the client and provide a copy of the subpoena, (2) have the client complete a release of information according to the provincial and federal laws of Canada, and (3) review all client records to be released to the courts with the client. Unless otherwise previously agreed in writing, all services and expenses incurred by the provider for court related issues would be charged to the client and subject to regular payment policies. Any time required for contact with lawyers, depositions or courtroom proceedings would be subject to the estimated professional fees and regular payment policies. If a client is not being subpoenaed however their lawyer requests their documents, Healthy mind counselling will only release the clients information to the client themselves and it will be up to the client to share this clinical information with whom they wish.

**Electronic Communication.**  Under the Canadian Anti-Spam Legislation (CASL), I give my expressed consent to receive electronic communications including emails about new services and promotions from Healthy Mind Therapy . I understand I may withdraw my consent at any time by emailing Healthy Mind Therapy.

**Monitored Referrals.** If a school/ employer representative requires that you use counselling services, the supervisor will not be informed of any details of your counselling without your signed consent.

**Clients Rights:** Some clients achieve their goals in only a few counselling sessions; others may take longer. As a client, you are in control of your healing process and may decide to end the counselling relationship at any time. However, because of the nature of the issues that bring clients into counselling, if you suddenly discontinue counselling without notifying me, I may contact you to ensure that you have received the services you required. Additionally, because you are in control, you don’t have to do anything you don’t want to do. I may suggest using a certain protocol that I think will be helpful, and you have the right to refuse or discuss modification of it. Furthermore, you are always welcome to ask about anything with which you have questions. I assure you that my services will be rendered in a professional manner consistent with accepted legal standards as well as acceptable ethical standards, as provided by the association in which I belong. If at any time for any reason you are dissatisfied with my services, please let me know so we can discuss and resolve the issue.

**Satisfaction Survey/Feedback:** As part of quality assurance, I authorize Healthy Mind Therapy to contact me to survey my satisfaction and or give feedback with the services I received.

This agreement and Consent Form is being signed voluntarily and not under duress of any kind. I understand the above:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_