Consent for Counselling and Confidentiality Agreement

Thank you for the opportunity to help you reach your goals. Please read the following

pages carefully, and ask about anything that is unclear. Your signature at the end will

indicate that you have read and understood the information, and that you agree to the

terms of payment and service.

MY QUALIFICATIONS

I am a Registered Clinical Counsellor in the Province of British Columbia (License

#18589). I have an MA in Counselling. My practice is guided

by the Ethical Codes of the British Columbia Association of Clinical Counsellors.

I participate in ongoing professional development and I also consult regularly with colleagues and other therapists, attend conferences and seminars to discuss cases confidentially and

anonymously and to ensure that my skills are current.

COUNSELLING RELATIONSHIP

I am hoping that we will work together as a team. You have knowledge about your own

life, and I have knowledge and expertise about the therapeutic process. I expect you to

be actively involved in this process as you work toward your goals. I have found that

clients benefit most from the therapy process if they engage in some form of self-help

between their sessions. For this reason, I may assign homework in order to maximize

the effectiveness of the therapy. I will invite your input to determine what would be the

most useful things for you to do between sessions.

SESSION FORMAT

Sessions are normally 50 minutes long. Sessions are usually face-to-face. During the

sessions I will do one or more of the following:

 listen to your concerns and allow you to express your feelings

 help you to identify your strengths and resources

 help you to identify the thoughts, feelings, behaviors, or circumstances that are

interfering with you meeting your goals;

 help you to set goals and develop concrete action plans for managing or

overcoming the obstacles to your well-being;

 use a specific intervention that is appropriate to your goals;

 provide relevant information, verbally, via white-board and/or in handout form;

 conduct formal and informal assessments to measure your progress and enhance

motivation;

 suggest some reading or writing assignment to help you gain insight into your

concern;

 give a homework assignment to be completed between therapy sessions.

YOUR RIGHTS

You have the right to ask questions about my treatment methods so you can make

informed decisions about what methods are most suitable for you. You have the right to

stop therapy if something about it is not working for you. If this should happen, I would

appreciate your feedback about what is not working for you. I may be able to suggest

alternate resources. You have the right to ask for a referral if that would be in your best

interests.

RISKS OF PSYCHOTHERAPY

Psychotherapy involves a degree of risk. You may experience uncomfortable emotions

as you talk about the issues that are concerning you. Sometimes therapy involves

talking about unpleasant aspects of your history. Psychotherapy is focused on

facilitating change according to the goals you set. Any change (even good change) can

affect a person's established system. You may meet with some resistance from other

people in your life as a result of the changes you make.

CONFIDENTIALITY

What you disclose during the therapy sessions is kept in strict confidence. I keep

session notes in a locked filing cabinet and only I have access to them. Digital files and

electronic client data are kept in secure password safe locations. There are, however,

limitations to the full extent that emails and electronic mediums can be completely

confidential and clients are advised to be aware of this when using these means of

communication.

If you and I determine that it would be helpful for me to share information about your

therapy with someone else (e.g., your physician), then I will ask you to sign a form that

gives me permission to release and/or request information.

Couples who share information in individual sessions are able to request that such

information is kept confidential as long as it does not jeopardize the integrity of ongoing

couple therapy.

EXCEPTIONS TO CONFIDENTIALITY

• If you threaten to harm or kill yourself or someone else and I believe your threat to

be serious, I am ethically bound to warn your family or the person you have

threatened.

• According to the Child Welfare Act, I am ethically and legally bound to report to the

appropriate authorities any abuse (physical, sexual, emotional, or neglect) of a

child currently under the age of 18 years. This law is designed to protect children

from harm, and requires that all persons report confirmed or suspected cases of

child abuse to the proper authorities.

• If you are involved in litigation of any kind and you inform the Court that you are in

therapy, you may be waiving your right to keep your records confidential. If the

Court subpoenas my files, or me, I am obligated to appear and to answer

questions. Communication between a client and a therapist is not considered privileged

communication. If you disclose to me that you have done something illegal, I am not

legally obligated to report this unless it involves child abuse or direct threat to an

individual.

FEES

The standard fee for a face-to-face 50-minute session is $125.00.

Payment is accepted by e-transfer, or Cash. If you require another method of

payment please inquire.

If your therapy is covered by an insurance policy, clients pay the fee and then seek

reimbursement from the insurance company

OUT OF TOWN

If I am out of town, I will indicate that on my voice mail or provide the name of a

colleague. If you experience an emergency and you are not able to reach me, you may

call the Mental Health Support Line, 310-6789 (no area code needed), call 911 or go to a hospital emergency room.

CANCELLATIONS AND MISSED SESSIONS

I prefer 48 hours’ notice to accommodate the waitlist (this benefits everyone). If you

miss an appointment without notice, or cancel a session with less than 24 hours

notice, you can be charged the full fee for that session.

STOPPING THERAPY

In starting therapy, you begin a goal-focused process that has a beginning, middle, and

end. It is recommended that stopping therapy be planned for and discussed with the

therapist.

AGREEMENT

By signing this form I understand that at least 24 hour notice needs to be given to

change or cancel an appointment. I agree to participate in the therapy process with

Jodie Cornell and understand that the therapy process is collaborative. I understand

that information about me is confidential and I understand the limits to confidentiality.

I agree to pay for missed sessions that are not cancelled prior 24 hours before scheduling.

I have read, understand, and agree to the information on this form.

Client(s): Date:

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(print name)

Counsellor Signature: Date:

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