CHANGE FOR LIFE

FAMILY WELLNESS

CLIENT INTAKE/INFORMED CONSENT

Date: _____

A. General

Name: _____ Age: _____ Gender: _____

Address: _____

Phone: (day)_____ (cell)_____

Email address_____

Date of birth:_____ Place of birth:_____

Education:_____

List of medication(s) past and present _____

_____

Counsellors/Psychologists (past or present) _____

_____

Marital/relationship status (circle one)

Single engaged living together married separated divorced widowed remarried

Length of time with this status_____

Person(s) with whom you are now living: _____

Who were you referred by? _____

Person to contact in case of emergency:

Name:

_____

Address:

_____

Phone: _____ Relationship to you: _____

B. Confidentiality

Initials _____

I am committed to providing the best quality service to my clients. Persons outside will not be allowed information about any client without that client's written permission. If you are seeking relationship counselling, and if you or your partner decide to have some individual session- what is shared in those sessions will be part of the relationship counselling. I am not a secret keeper in this scenario.

You are responsible for information security on your computer. If you decide to keep copies of our emails or communication on your computer, it's up to you to keep that information secure. Unfortunately, I cannot guarantee the security of our emails as they travel between our computers, however anything stored at my end is encrypted and password protected to a degree which complies with confidentiality laws in Canada.

It is possible, though unlikely, to intercept emails in transit. If you are concerned about that possibility, please consider the option to encrypt our emails. Even if someone were to intercept an encrypted e-mail, they would not be able to read the encoded message.

Exceptions to confidentiality

There are several important instances when confidential information may be released without consent, such as:

1. If you have been referred to this agency by the Court, your medical doctor or another agency, these may wish to receive some type of report or evaluation.
2. If I have reason to believe that there is any type of child/elder abuse, I am obligated by law to report this to the appropriate government agency. The law is designed to protect vulnerable individuals from harm and the obligation to report suspected abuse or neglect is clear in this regard.
3. If a client threatens to bring harm to himself or herself or to another person and I believe that threat to be serious, I am obligated by law to make sure the threatened person is protected. This may involve the release of information to persons outside of this office. This includes confessions of a crime.

**I choose to have a supervisor, thus details about you may be shared in that context; however, names and personal details would not be shared.

If you have any questions about confidentiality, please discuss them with the counsellor.

C. Fees

Not all sessions with Change For Life Family Wellness are paid sessions. When they are paid sessions, the individual counselling fee will be $95/60 minutes (which includes applicable taxes) which I agree to pay prior to each session. Couples counselling will be $150/60 minutes. I understand that fees may be increased, but an advance notice of 14 days will be given before any fee increase.

Missed appointments will be charged to the client unless at least 48 hours notice of cancellation is given.

D. Notes

Initials _____

All notes taken are for the use of the counsellor and will not be released unless legally subpoenaed. My notes are kept in a locked file if paper recorded, or password protected on my computer if electronically recorded.

E. Indemnification

I agree to indemnify and hold harmless Thyra Marleau against any and all losses, damages, liabilities, and expenses, including court costs and attorney's fees, resulting from or arising out of:

1. Any counsel or perceived counsel that is given
2. Any accident (other than malpractice) taking place on premises owned, borrowed or rented by Thyra Marleau or the ways or premises immediately adjoining and causing bodily injury, sickness, disease, death or injury to or the destruction of property.
3. In the unlikely event of dispute or allegation of negligence from services provided, claims must be brought to the Canadian Professional Counsellors Association (CPCA) https://www.cpca-rpc.ca/pub/docs/CPCA-Complaint-Form-Fillable-05.03.22.pdf and resolved under Canadian jurisdiction.

F. Insurance

If you have a health insurance policy, it may provide some coverage for mental health treatment. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet or call your employer's benefits office to find out what you need to know. I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies will reimburse these costs. **You are responsible for checking your insurance coverage, deductibles, payment rates, and so forth.**

G. Etherapy

Etherapy is neither a universal substitute, nor the same as, face- to-face psychotherapy treatment. You accept the distinctions made using etherapy vs. face-to-face psychotherapy. Etherapy does not provide emergency services.

Etherapy is a means by which you, the e-client, can receive coaching, counseling, information and guidance from a psychotherapist via electronic means – phone or internet. As with face to face counselling, it is perhaps most accurately perceived as a process creating, over time, a trusting and collaborative relationship. In our collaboration, you retain the right to determine which topics we cover and the depth of consideration each receives. In other words, as an e-client, you are free to contribute or withhold any information you choose. Moreover, you are under no obligation to apply information and/or opinions I contribute to our etherapy. While I hope that you will find our exchange useful in your efforts to help yourself and improve your life, it is not possible to guarantee that. I offer both video and audio forms of communication via the Internet and/or telephone. This means the practice of counselling will be by audio or video.

The risks involved with etherapy include

- the potential release of private information due to the complexities and abnormalities involved with the Internet. Viruses, and other involuntary intrusions have the ability to grab and released information you may desire to keep private.

Initials _____

- there is the risk of being overheard by anyone near you if you do not place yourself in a private area and open to other's intrusion. The risk of a breach remains very low; however, these are issues I wish all clients to be consider prior to beginning therapy.

I understand that while etherapy may provide significant benefits, it may also pose some risks.
**Please note that it is unethical to record sessions unless you have the written permission of both client and counsellor.

H. Risks and Benefits

The benefits of counselling can be immense. It may help you to understand yourself better, and to address specific problems you are currently facing. You may experience symptom relief from specific issues. Counselling may help you become aware of why you behave the way you do, what the nature of your problem is, and what strategies are available to you in order to address your problems. You may be able to develop skills in addressing these issues. Counselling may also assist you in overcoming issues such as addictions, grief and loss, depression and anxiety etc. Counselling may also assist you in improving your relationships with family members.

I may use some or all of the following methods during your counselling session: dialogue or talk therapy, cognitive reframing, visualization, journal keeping, mindfulness-based practices and meditations, and reading books. At times, you may find benefits from counselling that you were not expecting.

However, you need to be aware that there are also potential risks to counselling. While many people do experience a variety of benefits from counselling, there are no guarantees that you will achieve the goals you are looking for. You may also feel some unpleasant emotions during the course of your counselling sessions, and even once these sessions are over. Some of these feelings may include anger, fear, sadness, or shame, amongst others. Some clients find that things may feel worse before they may become better.

We know that at times, there may not be a good fit between the therapist and yourself. This is normal and common. If you at any point feel there isn't a fit, please let me know, and every attempt will be made to either work with you to help resolve your concerns, or to assist you in every way possible to find a suitable referral. As well, every attempt will be made to ensure that this transition is as smooth as reasonably possible.

While many people do experience a variety of benefits from counselling, at times, some individuals may find that the goals they hope to achieve within counselling may not occur as they desire. Unfortunately, there are no assurances that therapy will work.

It is important that you consider carefully whether these risks are worth the benefits to you of changing and receiving counselling.

I. Emergencies

In case of emergencies, please call 911 or your local crisis line. I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times you many leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital, or call 911.

Initials _____

J. Consent to Therapy

I, the client (or his or her guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement. If at any time during the treatment I have questions about any of the subjects discussed in this document, I will talk with my therapist about them, and she will do her best to answer them. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy.

I have read the issues and points in this document. I have discussed those points I did not understand, and have had my questions answered. I agree to act accordingly to the points covered in this document. I hereby agree to enter into therapy with the therapist, Thyra Marleau, and to cooperate fully and to the best of my ability, as shown by my signature here.

I have read and understand the above statements and I agree with them.

Signature: _____ Date: _____

03/25

Initials _____