

INFORMED CONSENT

This document contains information about the counselling services offered by Cara Grosset, MSW, PhD, RSW, CT (the clinician). Please read the document carefully. Please be aware that when you sign this document, it represents an agreement between yourself and the clinician.

COUNSELLING PROCESS

The goal of counselling is to help you (and/or your child(ren)) cope with the reactions that you are experiencing and to help you return to your regular activities.

The benefits of counselling tend to be an improvement in your symptoms. However, there are risks associated with the counselling process. Some of the risks are experiencing uncomfortable levels of feelings such as anger, sadness, fear, anxiety etc. You may feel worse before you begin to feel better; unfortunately, this is a risk you undertake when you begin counselling. If this occurs for you please advise the clinician and we will address your experiences.

APPOINTMENTS

Cancellation Policy

If for some reason you cannot attend a scheduled session, please call well in advance, at least 24 hours before your appointment. If sessions are cancelled on a regular basis, you may risk losing your regular appointment time. Repeated failures to attend sessions or to provide adequate rescheduling notice may lead to termination of your counselling sessions. Appointments cancelled without 24 hours' notice and/or no-shows will be billed at the hourly rate, and you will be responsible for this cost.

Emergencies

If you experience an emergency in between our scheduled sessions, please contact the clinician during office hours or contact your family Doctor or local distress centre.

CONFIDENTIALITY

Within the limitations discussed below, the information that you reveal during counselling sessions will be confidential and will not be released to anyone unless you have given written consent. However, certain conditions require that confidentiality be breached. These limits to confidentiality include:

1. If there is a danger that you may harm yourself, the clinician is obligated to take appropriate action to ensure your safety.
2. If there is a danger that you may harm other(s) individual(s), the clinician is obligated to warn the other(s) individual(s) / the authorities.
3. If you disclose sexual abuse by a regulated health professional, the clinician is obligated to notify the appropriate college.
4. If you disclose child abuse (emotional, neglect, physical, or sexual), the clinician is obligated to contact the Children's Aid Society.
5. If you are involved in a civil or criminal court case, the courts may subpoena your files.

If any situations related to confidentiality arise, we will take the opportunity to discuss the nature of confidentiality with you.

The clinician is a member of a Peer Consultation group, of three other Social Workers, for ongoing professional support and supervision. There may be times when the clinician shares details of your counselling sessions in order to receive peer insight. The peer consultation process is confidential, no last names are provided, and each member of the group has agreed to the confidentiality of information shared.

AGREEMENT

I have read the information in this document thoroughly; I understand the information in this document, and I have discussed any questions about the information with the clinician. I agree to participate in counselling under the conditions that have been outlined in this document.

Client's Name (Please Print): _____

Client's Signature: _____ Date: _____

Clinician's Signature: _____ Date: _____