

## **Informed Consent (Adult)**

Welcome! This document has been prepared for you to inform you about my qualifications as a counsellor, the nature of our professional counselling relationship, your rights as consumers of therapy, the process of therapy such as but not limited to, the purpose, the goals, techniques, procedures, limitations, potential risks and benefits, fees and billing arrangements, involvement of third party, and limits of confidentiality. Furthermore, to provide sufficient opportunity for you as a client to ask questions and receive answers pertaining to the nature of the service you will be provided. You will receive a copy of the signed form for your own records.

## **Counsellors Training Qualifications**

I, Ivone Juell, have a Master of Arts in Marriage and Family Therapy and a Master of Arts in Christian Counselling. I am a Certified Registered Professional Counsellor (RPC), a Master Practitioner in Clinical Counselling (MPCC), and an Approved Clinical Supervisor (MPCC-S) for the Canadian Professional Counsellors Association (CPCA). I am also a clinical supervisor for different Counsellors Associations in Canada, as well as, the Clinical Supervisor for the Door of Hope Counselling Clinic. I am an educator and a counselling professor.

## **Philosophy and Approach to Counselling**

My philosophical approach to counselling is eclectic and holistic in nature. I draw first on the faith foundations of a view of persons and then, I elaborate on most of the contemporary therapeutic models to form an integrative approach to individual, couple, family, and group therapy. Thus, in my professional practice, I employ a variety of techniques from various counselling models and therapies, as well as, spiritual techniques such as prayer and scriptures if and when is appropriate and is consistent with a client value system and beliefs.

## **Counsellor's Role, Ethical and Legal Responsibilities**

- a. To provide a safe, non-judgmental environment for the client's growth and development.
- b. To collaborate with the client to foster and increase client's self-awareness and discover new perspectives.
- c. To provide empathy, encouragement, and support.
- d. To challenge the client in their thinking process and self-appraisal.
- e. To inform the client about the benefits and the psychological risks involved in the helping relationship and ways to minimize these risks.
- f. To inform the client about their rights and responsibilities.
- g. To abide by the codes of ethics held by the Counselling Profession.
- h. To ensure and safeguard the client's rights to privacy.
- i. To inform the client about the nature, purpose and limits of confidentiality.
- j. To be aware of one's own competence and to seek consultation from other professionals when the need of the client is beyond one's own competencies.

- k. To be aware of one’s personal reaction to the client and how it may interfere with the therapeutic relationship.

### **Client’s Rights, Roles, and Responsibilities**

- a. The right to give informed consent.
- b. The right to ask questions about any procedures used during counselling and to refuse any techniques or interventions that you are uncomfortable with.
- c. The right to terminate the therapeutic relationship.
- d. The right to privacy – to control when, where, and how much to share.
- e. To be punctual – to arrive on time.
- f. To collaborate and be an active participant. This may include but is not limited to engaging in the therapeutic process, setting goals, doing “homework” in preparation for your counselling sessions, and/or to practice what we have covered in a counselling session.
- g. To be willing to talk openly in a culturally appropriate and congruent manner that is consistent with your values.

### **Confidentiality: The Nature, Purpose, and Limits of Confidentiality**

Within limits of the law, information revealed by you during counselling will be kept strictly confidential and will not be revealed to any other person or agency without your written permission.

Furthermore, when more than one family member is being seen in counselling, the counsellor views the family as a whole as the client. Therefore, releases of information for family sessions require the written approval of each consenting member of the family who was present at the time during treatment. Additionally, the counsellor will not collude with individual members to keep individual confidences that are harmful or destructive to other family members in treatment. Where conflicting family members goals exist, the objective of counselling is for everyone’s goals to be addressed in a manner that will preserve the integrity of the family as a whole. Differences between each family member’s goals will be discussed during counselling.

You should also know that there are certain situations in which I am required by law to reveal information obtained during counselling to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows:

- a. If you threaten grave or bodily harm or death to self or another person.
- b. If you are suicidal.
- c. If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report to the appropriate authority.
- d. If a court of law issues a legitimate court order (signed by a judge), I am required to by law to provide information specifically described in that order.
- e. If you are in counselling by order of court of law, the results of the treatment ordered must be revealed to the court.

- f. If you are seeking payment through an insurance company, I may be required to reveal confidential information to them (each insurer is different).

### **The Therapeutic Process**

Counselling will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. The frequency and type of treatment will be discussed and collaboratively determined by the counsellor and by the client. Progress notes - a clinical record of the counselling sessions - are secured and kept in a safe file cabinet. In counselling there is no guarantee for any specific outcome. There are possible benefits and psychological risks involved in counselling.

#### **Major Potential Benefits Include:**

- a. A better ability to handle or cope with marital, family, and other interpersonal relationships.
- b. A greater understanding of family and personal goals and values that may lead to a greater maturity and happiness as an individual and increased relational harmony.
- c. New perspectives on problems or unused opportunities.
- d. Increased self-awareness.
- e. Increased quality of life.
- f. Sense of clarity and renewed hope for the future.
- g. Probable outcomes resulting from resolving specific concerns brought to counselling.

#### **Potential Psychological Risks Include:**

- a. In working to achieve the potential benefits mentioned above, counselling will require that firm efforts be made to change and may involve the experience of significant discomfort.
- b. Therapeutically, resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended.
- c. The therapeutic process may precipitate a crisis in client's life.
- d. The client may come feeling relatively comfortable and leave feeling annoyed, tired, upset, or vulnerable and defenseless following a session.
- e. Exposed personal conflicts can cause pain and lead to a new self-awareness that is difficult to process.
- f. Outside life may be altered in such a way that family members have adverse reactions to the change.

### **Extraordinary Consent**

Extraordinary consent is required when there is a dual relationship present. If this is the case, the client acknowledges the dual nature of the relationship as both personal and professional. The advantages and disadvantages of this reality have been discussed with the therapist and it is the client's choice to pursue therapy in this circumstance. **INITIAL:** \_\_\_\_\_

### **eTherapy**

eTherapy includes the practice of mental healthcare delivery, consultation, treatment, transfer of medical data and education using interactive audio, video or other data communications. The client understands that eTherapy also involves the communication of their medical/health information, both orally and visually, to healthcare practitioners. In addition, eTherapy involves the transmission of data electronically and although every precaution will be employed to protect the client’s information, the Door of Hope Counselling Clinic, Inc. cannot guarantee confidentiality. **INITIAL:** \_\_\_\_\_

### **Fees & Lengths of Counselling Sessions**

As a client of Ivone Juell:

1. The following are the standard fees per individual counselling, couples, pre-marital, marriage, and family therapy sessions.

The fee per an individual counselling session will be:

- \$135 per 50-minute session.
- \$205 per 75-minute session.
- \$243 per 90-minute session.

The fee per a couple, pre-marital, marriage, and family therapy session will be:

- \$150 per 50-minute session.
- \$225 per 75-minute session.
- \$270 per 90-minute session.

I agree to pay \$ \_\_\_\_\_ per \_\_\_\_\_ minute session.

2. Payment is due at the time of each session, and no balance will be carried.
3. I am responsible for submitting the necessary documents to my insurance company to receive reimbursement of fees paid.
4. I understand that I can withdraw from counselling at any time, either at my own initiative or in consultation with my counsellor, and that I have no moral, legal, or financial obligation to complete a defined number of sessions.
5. I understand that my session may be terminated if I arrive at a counselling session under the influence of alcohol or illicit drugs.
6. A **24-hour** notice is required for cancellation of a schedule session. If I do not meet this requirement, I agree to pay the full session fee. I understand that this will be my responsibility, not that of the third-party payer.

- 7. If I need to cancel an appointment, I should call **604-790-9032**. I may leave a voicemail message on this line. If I need to contact Ivone Juell, I can do so by sending a text to **604-561-5587** or email her at [ivone@doorofhopecounselling.com](mailto:ivone@doorofhopecounselling.com).
- 8. If the client arrives late for his/her scheduled session, the client will be responsible to pay the full counselling session fee even though the session has been shortened due to the late arrival of the client.

### Emergency Procedures

This Counselling service is a private practice that does not provide 24-hour crisis service. If you or someone else close to you is experiencing a psychiatric emergency/ emotional crisis, please call 911, present yourself to your closest hospital or call the relevant crisis lines listed below:

Greater Vancouver	604-872-3311
TTY	1-866-872-0113
BC-Wide	1-800-SUICIDE (784-2433)
Seniors' Distress Line	604-872-1234
Mental Health Support (BC-wide)	310-6789

You can also try online distress services as listed below:

Online Service for Youth	<a href="http://www.YouthinBC.com">www.YouthinBC.com</a>
Online Service for Adults	<a href="http://www.CrisisCentreChat.ca">www.CrisisCentreChat.ca</a>

### Process for Addressing Concerns

If you have any questions or concerns about any aspect of treatment you are encouraged to discuss them with me (your therapist) so together we can define, clarify, and find a resolution to your concerns. If at the end of our conversation you still have some serious concerns, you can be provided with the information you need to further address these issues with an appropriate third party.

**I / We have read and understand the information that has been presented to me in the informed consent. In addition, I agree to participate in the counselling process in accordance with the terms that have been explained.**

_____	_____	_____
Client Name (Print)	Client Name (Signature)	Date
_____	_____	_____
Client Name (Print)	Client Name (Signature)	Date

\_\_\_\_\_  
Client Name (Print)                      Client Name (Signature)                      Date

\_\_\_\_\_  
Client Name (Print)                      Client Name (Signature)                      Date

**Therapist Signature:** \_\_\_\_\_  
Ivone Juell, MA, MA, RPC, MPCC-S                      Date