

Casey Marsh

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(778)840-0773

Counselling Informed Consent Form

This form must be completed before your first counselling session. Please email me a signed version of this form or provide a copy at your in-person meeting. If this form is not completed prior to the session your counselling session may be rescheduled.

Introduction

This document contains important information about the counseling services offered by **Protea Counselling** and is intended to inform you of the nature and scope of counseling services, as well as your rights and responsibilities as a client.

Description of Services

Counselling services involve the provision of professional counselling to address personal, social, emotional, and behavioral issues. The counseling services provided by Protea Counselling are confidential and are designed to help you explore and resolve personal problems, gain insight and self-awareness, and make positive changes in your life.

Counselling services may involve techniques and interventions, such as cognitive-behavioral therapy, mindfulness, and psychoeducation. The specific techniques and interventions will depend on your needs and goals.

Our fees are \$135 per 50-minute session to be paid at the outset of each session or within 24 hours. Kindly pay by credit card or e-transfer to casey@protea-counselling.com. You will be issued a receipt upon payment.

Voluntary Participation

Participation in counseling is voluntary, and you have the right to withdraw from counseling at any time. You are under no obligation to continue counseling if you feel that it is not helpful or if you are not comfortable with the counseling process. At Protea Counselling, we want you to feel connected to your counsellor. If, at any time, the relationship is not working for you, you are free to cancel sessions and we will do our best to help you find someone who will suit you better.

Client Involvement

Counselling is a collaborative process, and your active participation is essential to the success of counseling. You are expected to be open and honest with your counselor, to attend scheduled appointments, and actively engage in the counseling process.

Therapist Involvement

The counsellor will provide you with support, guidance, and feedback throughout the counseling process. The counsellor will also work with you to identify your goals and develop a treatment plan tailored to your needs and circumstances.

Guarantees

While counseling can be helpful for many people, there are no guarantees of specific outcomes or results. The effectiveness of counseling depends on many factors, including your motivation, commitment to the process, and the nature of the issues being addressed.

Meetings and Length of Therapy

Counseling sessions typically last 50 minutes and are scheduled regularly, usually weekly or biweekly, however the frequency in meeting is up to you. Sometimes, meetings can be closer together, or further apart. This will be discussed at your first session as we explore your goals in counselling with you. The length of therapy will depend on your goals and is different for every person and every issue.

Emergency & Interruption of Therapy

In an emergency or a crisis, please contact emergency services immediately.

If you need to cancel or reschedule a counseling appointment, please contact Protea Counselling at (778)840-0773 at least 24 hours in advance to avoid being charged for the missed appointment. If a session is cancelled within the 24 hour period, then you will be charged for the appointment. However, Protea Counselling will try to book you as soon as possible after a missed appointment.

Benefits and Risks

Counseling can provide numerous benefits, such as improved self-esteem, increased self-awareness, and enhanced relationships. However, some potential risks are associated with counseling, such as emotional discomfort, increased awareness of painful emotions or memories, and changes in personal relationships.

Confidentiality and Limits

Confidentiality is a key component of counselling. Collection and storage of client information is in accordance with BCACC guidelines. Your personal information will be collected for the purpose of maintaining clinical records. You have the right to access this information and/or obtain a copy of these records. If you have any questions about confidentiality and storage of client information, please don't hesitate to ask me.

All information disclosed during counseling sessions is confidential, with the following exceptions as required by law:

1. I must report to the appropriate authority if there is a clear risk that there is imminent danger to yourself or others (e.g. suicidal or homicidal threats).
2. I must respond to a court order for release of records for testimony.
3. I must report any concerns about confirmed or suspected abuse or neglect of a child or vulnerable adult to the Ministry of Children and Family Development.
4. I consult with other professionals for feedback as part of ensuring that I am providing high quality treatment to my clients. When this is done, no identifying details about clients are shared and the other professionals are also bound by confidentiality.
5. Sometimes it is to your benefit for me to consult with other health care professionals (e.g. physicians, etc.) and if this is the case, I will only disclose information with your written permission.

Informed Consent and Client Rights

You have the following rights as a client:

1. To ask me questions about my qualifications, training and credentials.
2. To ask me questions about how I conduct therapy, my rationale for interventions or anything else that might be of concern or interest to you regarding your therapy.
3. To refuse to do what I suggest.
4. To stop a session or stop seeing me for therapy any time. You may also contact me at any time after you have stopped seeing me, months or even years later.

By signing below, you acknowledge that you have read and understand the information provided in this Counseling Informed Consent Form and agree to participate in counseling with Casey Marsh. You also agree to abide by the policies and procedures of Protea Counselling regarding scheduling, payment, and cancellation of sessions.

By signing below, I indicate that I have fully read and agree with the above information. I understand that consent is an ongoing process and all of my questions are welcome at any time.

Client Signature: _____ Date: _____

Parent Signature (if applicable): _____ Date: _____

Counselor Signature:  _____ Date: _____