

Informed Consent Form

Thank-you for taking the time to read and review this form. By doing so, you and I can ensure that this professional relationship progresses in a transparent agreed upon manner.

1. My name is Tim Lentz. I have a Masters degree in Education Counselling from the University of Northern British Columbia. I am a member in good standing with the BCACC (British Columbia Association of Clinical Counsellors).
2. In my private practice, I provide individual, couples and group psychotherapy. My overriding theoretical orientations can best be described as integrative. I predominantly combine person-centered, systems and narrative practice with a trauma informed lens. In practice I employ a wide range of theories and other techniques and interventions tailored to your individual situation.
3. Benefits from counselling tend to include increased awareness of your own behavioral, thought or emotional patterns. Many people strive for improved interpersonal relationships, reduced stress and anxiety, and an increase in one's ability to manage intense emotions.
4. Risks of engaging in psychotherapy include: strong emotions sometimes rise as part of the therapeutic process; I address this by building grounding in the sessions and tracking what you are able to absorb. Some people may feel quite vulnerable and/or tired during or after a counselling session, and if this is an unfamiliar feeling, it may be initially difficult. Finally, counselling can provoke changes in how you relate to other people in your life, and although this is generally viewed as a positive shift, sometimes this can provoke resistance from others or change which can be difficult.
5. As the client, you have the right to refuse particular therapeutic modalities and to withdraw consent to counselling at any time during the counselling process. All information provided by you, the client, to the counsellor will be kept confidential, subject to common law and statutory exceptions. The exceptions include the following: ● mandatory reporting of suspected child abuse ● the possible reporting of risk of serious harm to self or other ● when so ordered by a court of law. Also, as my client, you have the right by request, to access information in your clinical records (there may be a fee associated with this request for the time to pull the records and produce a letter).
6. If you as a client have a concern and you are not satisfied that I have addressed that concern, you have the right to then file a written complaint against me as an RCC with the BCACC.
7. I charge a fee of \$120.00 (inclusive of GST) for each 50 minute individual session. Fees will vary for couples and by group size and type of service. My fee is payable by cash, credit card, or electronic transfer prior to each session. I require 48 hours notice prior to a cancellation. Failure to give appropriate notice will result in the full fee being charged for the session, unless explicitly agreed otherwise.

Informed Consent Form

I, _____ (client's name) understand and agree to the above conditions for consent to counselling.

_____ (client's signature)

Date _____

I, Tim Lentz, M.Ed., R.C.C. will stand by and agree to the above conditions

_____ (Counsellor's signature)

Date _____