



Okanagan Therapeutic Counselling

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STATEMENT OF UNDERSTANDING

Counselling is a partnership between therapist and client. This collaborative process will involve my commitment to help: clarify the problem(s) that brought you to counselling, develop a plan to address them and work to resolve the issues that are keeping you stuck.

Your commitment to this process is: to arrive on time and if you cannot make a session to notify me in advance.

CONFIDENTIALITY & CLIENT RIGHTS

1. All counselling services and records are confidential. No information will be provided to anyone other than yourself, without your signed, informed consent. Please note that any form of electronic communication (emails, social media etc.) can be a security risk and that you consent to use of this transmission.
2. There are some important exclusions to the above:
 - A. I sometimes debrief &/or consult with other professionals in the field; we are all bound by the oath of confidentiality.
 - B. I am legally obligated to report:
 - I. Child and/or elder abuse and/or neglect
 - II. Immediate danger to self or others and/or medical emergency
 - III. Subpoena or court order

CONSENT TO COUNSELLING

Payment for counselling services is required at the end of each session. I accept cash / cheque / e-transfer.

Skype sessions: payment is required **before scheduling** your appointment. If there is no notice of re-scheduling or a last minute cancellation the pre-paid session will cover the scheduled session time.

Any requests made outside of session time (letters, emails to read etc.) will be billed at the hourly rate.

Part of the counselling process may include (with your permission) body processes and energy work to unlock dynamically what is keeping you stuck. Signing this form gives me consent to perform those processes.

Please note.... I use the last 5 minutes for payment and scheduling. Please refrain from extending the session beyond the allotted time, as that will affect other clients and my time to prepare for my next client.

I agree to pay, in full, for sessions that I miss, cancel last minute or do not give minimum 24 hour notice, as well as multiple re-scheduling. Unpaid bills will be forwarded to a collection agency.

I have read the above, understand its contents and consent to this counselling process:

Client Signature(s)

___ Copy accepted / declined by client

Date

Therapist signature

__x_ Copy kept by therapist