

**Client Consent Form**

*Welcome! Reviewing consent is an important part of the counselling process because it provides you with your rights and responsibilities as the client. Counselling is a professional relationship focused on creating change, healing, and growth. The therapeutic relationship is focused on the needs of the client in a non-judgemental environment.*

***Mutual Responsibilities***

As your counsellor, it is my responsibility to ensure the counselling space is safe and confidential. I am also responsible for maintaining my competencies professionally and personally to ensure I am offering you ethical and effective services. I will be honest and open with you in any way that can enhance the services I provide to you. If I believe I do not have the competencies to provide you with adequate services, I do have the right to refuse seeing you and will provide you with a referral. As a client, it is also your responsibility to be open and honest with me regarding your satisfaction and needs in counselling. If at any time you feel that I am not a good fit as your counsellor I will offer you a referral. Additionally, if at any time you feel I am practicing unethically you may contact my regulatory body to file a complaint.

***Confidentiality Protections and Limitations***

Everything disclosed in counselling is confidential unless:

 a.) You are at immediate risk of harming yourself

b.) Someone else is at risk of being harmed, or

 c.) Your file is subpoenaed by the court

***Privacy***

Your information is stored in my locked filing cabinet, and I am the only person with access to that on a day-to-day basis. My business partner at Connected Counselling will have access in the event of an emergency where I am unable to contact you, as she will then do so. Additionally, we at Connected Counselling use a shared calendar for appointment bookings, so your first name is visible to both therapists.

From time to time I may consult with my peers or another professional I hire for supervision or consultation, regarding my counselling practice and how best to provide ethical and competent service. I do not use any identifying information when doing so, to protect your privacy.

***Likely Benefits and Risks***

Change can be uncomfortable at times which is why counselling may cause risks as well as benefits. If at any time the risks outweigh the benefits, we will discuss alternatives for counselling. Potential risks may include fatigue, physical discomfort, difficulty regulating emotions, as well as strong emotions.

***Alternatives***

If at any time you are unhappy with the services being provided a referral can be made. If you notice that you are not benefiting from counselling in general, I will offer you alternatives for counselling based on your identified issue. I may also offer alternatives throughout counselling as a way to increase healing and change.

***Period of Time Covered by the Consent/Rescinding Consent***

Your file will be closed upon termination of counselling. At this time, your consent will no longer be valid. If you wish to continue counselling following termination, the informed consent will need to be reviewed once again. If at any time you choose to rescind your consent or withdraw from counselling, you may do so without prejudice or judgment. Please notify me that you wish to rescind your consent and/or discontinue services and your request will be documented in your file and your consent for services will no longer be valid.

***Fees and Cancellations***

Counselling fees are $150 per hour. Session are between 50 minutes and 1 hour. Fees must be paid at the conclusion of each session. If you are unable to attend a scheduled session, please notify me 24 hours before the session. If you miss a session without giving me notice that you will not be attending, full session fees apply, and most insurance providers do not cover this. If you are unable to pay your fees, counselling services may be terminated, and a referral will be provided.

I understand and agree to the information provided above. I have had the chance to ask questions. By signing this consent form I understand that I am giving my consent to participate in counselling.

\_\_\_\_ (initial)

A copy of this form has been provided to the client (circle one): yes no (client declined)

Client/Guardian Signature Date

Therapist Signature Date