



## Consent To Treatment Form

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**Informed Consent** is important so that you know the rights and responsibilities for both the client and counsellor.

### Counselling/Consultation Services

As an Individual & Family Therapist, I provide counselling services for individuals (all ages), couples, and families. I reserve the right to deny services regarding concerns beyond my scope of competence. Services may also be denied to those who abuse or misuse services in any manner (e.g., non-compliance with treatment, frequent missed appointments, delinquent payment, etc.). If I cannot offer services for your specified need(s), we can discuss other treatment options and possible referrals.

### The Counselling/Consultation Process

Counselling/consultation is a partnership between you and I. I will journey with you as you address areas of concern in your life, develop growth and insight, and achieve your desired goals. We both need to assume an active role in this process. Participation involves being open to the counsellor's thoughts and ideas, being honest, and discussing concerns about the process. You may be asked to complete outside assignments when appropriate, possible assessments/surveys, and provide ongoing feedback to the therapist/consultant about the counselling process. While counselling/consultation proves very beneficial some people may find the service challenging. The counselling process can evoke strong feelings and sometimes produce unanticipated change to your behaviours, thoughts, and feelings. Some of the techniques (i.e., EMDR) may cause distress and leave you processing long after the session ends. Please know that support is available after your session ends and if you experience any form of discomfort, I would like you to discuss your concerns as soon as possible. I will work to understand the experience and/or use different methods or techniques that may lead you towards the growth you desire.

### Confidentiality

Confidentiality is essential to effective therapy. You must feel safe when sharing your personal information and it is my duty to maintain this information ethically and legally. Specific information will be released to other parties only with your written consent.

The exceptions to breaching confidentiality include – but are not limited to:

- a. If you are determined to be in imminent danger of harming yourself or someone else.

- b. If you disclose abuse or neglect of children, the elderly, the disabled, or a vulnerable population.
- c. In a criminal court proceeding.
- d. In legal or regulatory actions against a professional.
- e. Where otherwise legally required
- f. Any information that you share outside of services, willingly and publicly, will not be considered protected or confidential by a court.

### **Access to Records**

If you wish to access your counselling or consultation notes and records, please schedule an appointment with me. You have the right to request amendments or additions to your records, though fees may apply for full or partial session reviews. Records are retained for seven years following your last contact before being securely destroyed.

Occasionally, I may require your written informed consent to audio or video record a session for purposes such as education, training, or peer consultation.

In addition, you recognize and give consent for your identifying information to remain on the Jane Booking Platform that Stick & Stone Counselling Services utilizes for booking, invoicing and providing receipts. Stick & Stone Counselling Services staff (which includes receptionists, counsellors, students, and management) will all have access to your booking, invoicing and receipting. They will not have access to your case notes or file. Your case notes and file will remain locked. Stick & Stone Counselling Services staff will not be allowed to disclose identifying information, booking information or any payment information with anyone other than the client unless otherwise approved. A consent to disclosure form must then be filled out.

### **Counselling/Consultation Appointments**

Attendance at scheduled appointments is vital for the effectiveness of our services. It is important for individuals to arrive promptly to their appointments to ensure that sessions run smoothly.

Please be aware that we have a minimum 24-hour notice requirement for appointment cancellations or rescheduling. In case of emergencies, please reach out to us to discuss your situation. Failure to provide more than 24 hours' notice will result in being charged the regular fee for the time reserved. If your appointment is rescheduled within the same week without sufficient notice, you will still be charged for the reserved time. I will uphold our appointments as scheduled and will only contact you to propose a change in time if necessary. This cancellation policy allows us to offer the appointment slot to another client in need of assistance.

Additionally, we will collaboratively determine the frequency of your sessions, the total number of sessions, your goals, and the type of consultation (individual or group). We may reassess the session frequency as circumstances evolve or as you progress towards your goals.

### **Ongoing Supervision and Consultation**

You recognize and give consent for your therapist to seek consultation with fellow peers, colleagues and/or mentors. During consultation sessions, no identifying information is disclosed!

You recognize and give consent for your therapist to seek clinical supervision. Your therapist's supervisor will receive identifying information and will be active in the therapeutic process. Your therapist agrees to seeking regular and on-going supervision to ensure that the best ethical, competent, and compassionate care is provided to you. Should any questions or concerns arise, your therapist's supervisor information is available. An oversight agreement form must be filled out consenting to supervision.

### **Fees**

Services are a personal investment in one's own growth and overall well-being. The fee for services is currently \$150.00 (unless otherwise discussed) for a 55-minute session and payment is to be completed at the beginning of the service. Payment can be made via credit card (via Square), eTransfer, or cash. Do not hesitate to discuss financial matters with me.

*Note:* Please check with your insurance company as you may have coverage.

*Disclaimer: A 3% monthly surcharge will be applied to accounts with 30 days' outstanding payment. Limited sliding scale fees are available for individuals demonstrating significant financial need and meet specific criterion. Sliding scale fees are subject to increase at any time and the discount may be terminated if the client is not consistent with appointments.*

### **Phone Calls**

Situations arise, and you may wish to call me between sessions. You are welcome to do so; however, I will not respond until I am available. Billing will apply (in 15-minute increments). If you need to speak to someone immediately, please call 811 or the Mobile Crisis 24-hour Line: (306) 933-6200. In case of an emergency, please call 911.

### **Letters / Reports**

A fee may be applied for the time required to construct a letter, construct a report or to respond to a request from a third party.

### **Email**

Please note the following guidelines for use of e-mail as a form of communication:

- I cannot provide personal consultation/counseling services solely through email, but I may offer limited support via email. Email communication is not a substitute for interpersonal services.
- I will strive to keep your e-mail message private, but cannot guarantee any e-mail's confidentiality.
- Calling / voice messaging is the optimal way to contact our office.

**Legal Advice**

The laws and rules surrounding confidentiality can be complex. I am not in a position to provide legal advice. If you have specific or unusual concerns, or if you require legal guidance, I strongly recommend consulting with a lawyer. This will help you protect your legal rights and ensure you are acting in your best interest.

***I certify that I have thoroughly read, discussed, and understood the points mentioned above, and I agree to follow them.***

***Check here if verbal consent was received.***

***Signature of Client (or person acting for client):*** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Signature of Counsellor:*** \_\_\_\_\_

**Date:** \_\_\_\_\_