



## Consent To Treatment Form

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**Informed Consent** is important so that you know the rights and responsibilities for both the client, the client's parents/legal guardians and counsellor.

### **When Working with Minors**

In most cases, I find it beneficial for the initial meeting to involve the parents/legal guardian(s) without the child or adolescent present. During this session, I will gather background information, discuss the reason for referral, establish therapy goals, review the procedures and address the format I follow. Prior to or at the beginning of this session, I will require your written consent. This allows us to proceed with the necessary discussions and planning effectively.

I prefer to gather background information and parental insights separately from the child or adolescent's presence. This is to prevent the child or adolescent from potentially internalizing negative feelings about the issues being discussed or feeling singled out. My intention is to create a warm and inviting environment in my office for your child or adolescent. Your understanding and cooperation in this matter are appreciated as we work together towards the well-being of your child or adolescent.

I am happy to have parents/legal guardians sit in for some of the counselling sessions (especially when working with a young and/or shy child). However, in most instances, I typically begin sessions with both the parents/legal guardian(s) and the child/adolescent present. Following this initial joint session, I work individually with the child/adolescent for approximately thirty minutes. Afterwards, I reconvene with the parents/legal guardian(s) to review the strategies and interventions assigned during the session. This approach allows for comprehensive involvement of all parties while also providing the child/adolescent with dedicated time for individual exploration and support. By including both joint and individual sessions, I aim to ensure that all perspectives are considered and that strategies are effectively communicated and implemented.

I utilize an eclectic approach to counselling/therapy with minors. I personally believe that some elements of Cognitive Behavioural Therapy / Mindfulness Based Therapy / EMDR etc can be difficult for the child/adolescent to apply without cueing and insight from an abstract-thinking adult. This is one of the reasons I encourage legal guardians to engage with the last fifteen minutes of therapy.

When working with children/adolescents, I want to ensure that both the legal guardian and minor know that the child/adolescent:

- Is allowed to disengage with therapy. I cannot make the child sit in my office and participate in therapy.
- They are allowed to question, challenge, or express frustration with me and/or therapy.
- They will be asked about difficult aspects of life (i.e., school, parent relationships, relationship with peers, etc.)
- They do not have to answer each of my questions. They are allowed to say 'pass'.
- There are some things I cannot keep secret. I cannot keep secrets regarding:
  - o suicide // threats of harm to oneself or others // threats of harm to those within vulnerable populations (i.e., children, the elderly, cognitively impaired, etc.) // where otherwise legally required
- I will not divulge all information from the child/teen to the parent. It is important that you child/adolescent feels safe to share openly with me. Part of therapeutic rapport is trust. I will often share with parents that "no news from me is good news". Usually, when concluding a session with a child (under the age of 14), I will discuss with the child what things we will talk about with his/her parents, and what things they would like to share.

### **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/counselling 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 Parent of Guardian:* \_\_\_\_\_

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

**Client Name:** \_\_\_\_\_

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

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

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