Consent for Counselling Services (Adult)

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Confirmation of Informed Consent

I, _____ (please print name) have read the "Information Sheet for Counselling Services" form provided and asked any questions I had and understand it. Specifically, I understand:

- ☐ The nature and process of counselling, potential risks and benefits, and my rights and responsibilities as a client.
- ☐ The credentials of my counsellor.
- ☐ That I can stop or refuse any requests or suggestions made by my counsellor.
- ☐ The limits to confidentiality including that if I disclose information indicating that myself or someone else is at risk of imminent, serious harm my counsellor is required to breach confidentiality.
- ☐ How my information is documented and stored.
- ☐ The Wave app is used for invoice and billing purposes.
- ☐ The complaint process.
- ☐ The fee of $150 is due immediately after the session ends.
- ☐ I will be charged for any session I do not attend that I did not cancel at least 24 hrs. in advance, unless it is unsafe for me to attend the appointment.
- ☐ If I am at risk of harm to self or others I agree to contact: The distress line at 403-327- 7905, 911 or a supportive person in my life that I can ask to help me calm and keep everyone safe

I give consent to participate in counselling and agree to engage in therapy under the conditions outlined in this document. I am over the age of 18 or have been designated a mature minor.

_____	_____	_____
Client Name (print)	Client Signature	Date

For Counsellor's use:

- ☐ I, the Counsellor, have discussed the issues and consideration within this form with my client.
- ☐ My observations of this client's behavior and responses indicate that he/she understands the conditions in this document and is competent to give informed and willing consent at this time.

_____	_____
Counsellor Signature	Date