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:

 *(please check boxes):*

[ ]  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 including the use of emails and the Wave app invoicing system.

[ ]  I understand the nature, risks and process related to counselling via Videoconference and/or

 Phone and that my counsellor cannot guarantee privacy when conducting counselling via

 Videoconference or phone.

[ ]  The complaint process.

[ ]  The fee of $160 is due immediately after the session ends and is payable via e-transfer, cash

or cheque.

[ ]  If there are a frequency of no-shows and/or late cancellations my counsellor may discuss this with me and I be required to pay for unattended sessions.

[ ]  Heather does not provide emergent, crisis care. 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 enhance my safety.

[ ]  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.

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/they understands the conditions in this document and is competent to give informed and willing consent at this time.

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Counsellor Signature Date

|  |  |
| --- | --- |
| Client Signature:       | Date:       |