**Your branding goes here**

**COUNSELLING INFORMED CONSENT**

**About Me:**

*(3-4 sentences describing yourself and your qualifications.)*

**What is clinical counselling?**

Clinical counselling helps people improve their mental, emotional and physical health while encouraging positive relationships with self, others and the larger community. The building of a trusting and comfortable relationship between client(s) and counsellor is important as counselling may cover topics of distress, therefore questions or comments on the counselling process are invited at any time.

**Benefits of therapy:**

Therapy can help a person to gain a new understanding about his or her problems and to acquire new ways of coping with and solving those problems. Therapy can help a person to develop new skills and to change behaviour patterns. Therapy can contribute to an increased understanding of self and others.

**Risks of therapy:**

While there are potential benefits to therapy, success is not guaranteed and there are potential risks. Therapy may stimulate memories, evoke strong feelings, and changes in awareness may alter one’s self-perceptions and ways of relating to others.Sometimes clients will feel worse before they feel better. This is especially a concern if someone has experienced traumatic events. Clients need to understand that therapy is a process and you can continually discuss any concerns you are having with your therapist.

**Contacting and Communication:**

*(include your contact information, when and how you can be contacted and any policies you have around client communication during and outside of office hours, for example, time for responding to emails and phone messages and your social media policy)*

**Collection and Storage of Personal information:**

Storage and collection of client information is in accordance with the personal information protection act (PIPA) and in accordance with the *(your associations)* guidelines. *(Describe how and why you collect and store client data)* If you have any questions regarding this, please talk to me directly.

**Complaints or questions:**

If you have a complaint or question, please feel welcome to raise your concerns with me first. If you would like to talk to someone else, you can contact *(enter the name and contact details for your regulatory association)*

**Fees:**

Counselling fees are *(fill in your rates)*. Payment is required by *(insert your payment methods here)* at the beginning of each appointment. *(Insert your NSF cheque policy here and procedure if sessions are not paid for in a timely manner)*

**Extended Health Benefits and Income Tax:**

*(Explain if you services are covered by MSP or eligible for reimbursement through income tax)*

For example: Clinical counsellor fees are not covered by MSP but may be completely or partially covered by your extended medical plan or possibly deductible as a medical expense on income taxes. Please speak to your financial advisors to determine your eligibility.

**Late Arrival, Cancelled and/or Missed Appointments:**

*(Insert your late arrival and cancellation policies and procedure for missed appointments)*

**Limits of Confidentiality:**

Information about counselling sessions will not be released to anyone without your informed, voluntary, and written consent.

**Exceptions are:**

* When there may be imminent danger or harm to yourself or others
* When there is suspicion or disclosure of abuse of vulnerable persons, such as a child or elderly person
* When records are subpoenaed by court order

Every reasonable effort will be made to discuss these circumstances with you prior to the involvement of other professionals.

An additional exception may be made if the counselling is being paid for by a third party (such as insurance or CVAP). This will be discussed with you at the onset of counselling.

**Contacting other Health professionals:**

It may be helpful or necessary for me to speak to other professionals who may be involved in aspects of your physical and emotional health. Wherever possible, this will be done with your understanding the intent of such contact. You have the right to know what transpired in any conversations between your counsellor and other professionals.

**\*Please confirm by initialling here that you give your permission for me to give updates and/or discuss your case with these professionals \_\_\_\_\_\_\_\_**

Other professionals currently involved in my health care are (ex. Dr’s, SW’s, other therapist’s):

|  |  |
| --- | --- |
| **Name:** | **Contact:** |
|  |  |
|  |  |

**Emergency Contact:**

Please provide the name and number of an individual that could be contact in case of emergency

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In case you became incapacitated and required medical assistance, emergency services would be contacted and relevant information for your immediate care would be relayed. If such an incident were to occur, your emergency contact would be notified of the situation and your whereabouts.

*(Insert relevant information about your emergency contingency plan here)*

**Consultation:**

In order to provide the best possible service, I may consult with another professional about our work together; your name and other identifying information would not be used.

\*If you, or a member of your family, have been seen by *(insert your supervisors name here)* previously, I would like to be able to consult with them specifically using your identifying details. Please initial here that you agree and give consent: \_\_\_\_\_\_

**Additional client rights:**

* Clients have the right to withdraw this consent at any time. Please provide this in writing wherever possible.
* Clients have the right to refuse particular counselling interventions.

**I have read, understand, and agree with the above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name – please print

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(your name goes here)*

**AS APPLICABLE (may be inserted into document as appropriate and as they apply to you. These are just examples of what may be found in an informed consent. Tailor to your purposes.)**

I do presentations about my work and about teaching principles of caring for self and others. If you are comfortable with me using aspects of your story (I will change identifying characteristics such as your name, age, sex and some details about your story), please initial here indicating that you agree and give consent\_\_\_\_\_\_

I also regularly do presentations and facilitate workshops on various topics. If you would like to be included on the contact list, please initial here\_\_\_\_\_\_\_\_ and provide an email address that you would like information to be sent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You can change your mind at any time and unsubscribe from these notifications in the future. ***(Make sure you are up-to-date on the new Canadian Anti-Spam Legislation if you are collecting client emails for your mailing list -*** [***fightspam.gc.ca/***](fightspam.gc.ca)***)***

**Clients with Addictions concerns:**

Clients must not be affected by substances at the time of the counselling appointment. This typically requires that a client is sober for the 24 hours before the time of the appointment.

**Couples Counselling:**

For this type of counselling, please understand that my policy is to “have no secrets” between myself and the partners in the therapy. If you have concerns about this, please speak to me directly.

**Child and Youth Therapy Guidelines:**

* *\*insert your name\** typically uses the age of 12 years old to determine whether a youth can provide consent.
* It is recommended that a parent stays in the waiting room while their child is in session. This is to ensure that should your child need you, you are available for them.
* Regularity and consistency of attendance is extremely important so the therapist and your child can develop a trusting therapeutic relationship.
* Do not question your child about their counselling session. Your child will share what they feel comfortable with.
* Do not press a child to attend counselling or to talk about a particular issue in counselling. The child will address issues as they feel safe and ready to do so, or they may be addressing them in other ways, i.e. through play or art. Pressure from a parent/caregiver may place undue stress on a child and may in fact be detrimental to the counselling process.
* Do support your child as they courageously face their issues in counselling.
* Do be open to participating in counselling yourself.

These are general guidelines only. Your counsellor and you can discuss these in depth and develop a plan about how you can best be of support to your child in counselling.