

COUNSELLING CONSENT FORM (Page 1 of 2)

Please initial:

- _____ 1. **Your Counsellor:** My Counsellor's name is _____. My counsellor is a Contractor --- Associate Clinical Contractor --- Intern/Resident (Counsellor to circle) with Living Systems. Counsellor's Registration (if applicable): _____
- _____ 2. **Therapeutic Orientation and Counselling outcomes:** Living Systems Counsellors use a Bowen Family Systems Theoretical orientation (BFST). We believe BFST can help people to think more clearly about themselves and their relationships. Each person and family responds to counselling differently. Your counsellor will speak to you about some of the things you may expect from counselling. For more information on BFST see www.livingsystems.ca
- _____ 3. **Quality of counselling:** I understand that Living Systems places a high value on the quality of counselling and professional competence among our counsellors. If you at any time would like to speak to someone about the quality of care whether you are extremely satisfied or have had some difficulty or complaint, please contact Ms Katherine White 604 926-5496 (330). Additionally, if your counsellor is registered you have the right to contact their professional organization.
- _____ 4. **Emergency:** I understand that Living Systems is not a crisis counselling organization and does not have 24-hour counsellor access. If you have an emergency please dial 911, if you have an urgent need please call the crisis phone line at 604-872-3311. If you leave a message for your counsellor, they will return your call within 24 hours or the next business day.
- _____ 5. **Fee:** I understand my per-session fee is \$ _____ and is payable at each session. Living Systems accepts cash and cheque. There will be a \$10 bank fee for returned cheque.
- _____ 6. **Cancellation Policy:** I understand that I will be responsible for paying the full fee of any missed sessions when 24 hours notice has not been given.
- _____ 7. **Audio or video taping:** I give permission for our sessions to be video or audio taped for the sole purpose of individual supervision and/or group supervision and consultation. Indicate N/A if you would like to waive.
- _____ 8. **Referral:** I understand that if I was referred by a professional, that person may be notified and thanked for the referral unless I ask this not to be done.
- _____ 9. **Confidentiality:**
- I understand that all communications between me and my intern or counsellor(s) are confidential, and that the therapist(s) will not disclose to anyone beyond the therapist's professional colleagues at Living Systems any information disclosed in the sessions.
 - Confidentiality in sessions where there are multiple participants have unique confidentiality concerns. Your counsellor will address these with you if more than one person participates in the counselling.

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_____ 9. **Confidentiality Continued:**

- I understand there are exceptions to legal confidentiality and professional ethics. Such exceptions include but are not limited to: files subpoenaed by a court of law, disclosure or suspicion of child abuse or neglect; perceived threats of suicide, homicide and risk of injury to self or others.
- Other limits to confidentiality can include if you, as an employee, appear to pose a threat of serious injury to themselves or others in a safety-sensitive occupation (e.g. employee who may be impaired when operating heavy machinery); the therapist is told by the client that a regulated health professional, such as a social worker, psychologist, physician or surgeon, dentist etc. has behaved in a sexually inappropriate manner with the client.

_____ 10. **Our privacy obligation to you:**

- In accordance with the Personal Information Protection Act (PIPA), your privacy is protected and your written authorization is required to release personal information except for reasons outlined above as exceptions to confidentiality.
- Only authorized individuals within Living Systems may access your personal information. Personal information is any recorded information that identifies you. At Living Systems, your personal information will be used by your counsellor to assist in your work with them and general information that does not identify you as a person may be used for grant application purposes.
- Your clinical record is stored under lock and key for the duration of your time receiving services with Living Systems. Following the end of services the record is kept for 7 years in a secured storage facility (If a minor is seen, records are kept 7 years past the age of majority).
- You can request access to or copies of your health record by writing to Living Systems. We may require up to 30 days to process the request. We charge a fee to cover the basic costs of the request.

_____ 11. **Contact:** I give my consent for my counsellor to contact me by email and or text to arrange appointments or receive communication. I understand that this communication is not secure.

_____ 12. **Emergency contact:** If my therapist is unable to contact me, I give permission to contact:

Name _____ Phone number _____ Relationship _____

I have read and understand the above form and consent to counselling with Living Systems:

Client Signature (1)

Date

Client Signature (2)

Therapist Signature