



Agreement for Counselling and Informed Consent **Dawn Israel-Compton, MA, CCC #4198**

In order to participate in counselling a client will be informed of the services being offered, the potential benefits and risks of counselling, the client's responsibilities, his or her rights in the counselling process, and the collection and protection of personal information.

Counselling Services

My counsellor will keep me informed of the types of treatment or therapy she recommends. The services offered will be tailored to my particular needs. As such, as my needs change and services adjust my counsellor will inform me before treatment shifts. This will be an ongoing process, an open dialogue between myself and my counsellor, and I may ask questions concerning the services I receive.

Client Responsibilities

I understand that counselling requires work from both the counsellor and the client. I will do my best to maintain appointments and show up prepared. I agree to pay my fee the day I receive services. I understand the cancellation policy. To cancel, I must call 24 hours before my scheduled appointment the first time I late cancel or no show I will be charged half of the time set aside for me. Subsequent late cancellations (less than 24 hours) and no shows will be charged the full fee of time set aside for me. It will be my responsibility to check with my insurance provider regarding coverage for my appointments.

Fees:

- \$170 + gst per 65 minute session
- Letters: \$75/ letter
- Phone consultations with teachers / physicians, etc will be charge in 15 minute increments

Benefits and Risks of Counselling

In counselling I may benefit from learning new coping skills, gaining personal insight, forming healthier ways to relate to others, and / or overcoming unwanted behaviours. Counselling may come with risks. Opening up about my pain can sometimes lead to more pain initially such as unwanted thoughts, strong emotions, or tension in relationships at home and at work.

Client Rights

- As a client I have the right to ask questions about my counsellor's credentials, the services being provided to me, or any other questions about the counselling process.
- I have the right to end counselling at any time.
- I have the right to voice concerns or complaints to my counsellor. If necessary I have the right to inform the Canadian Counselling and Psychotherapy Association of any unethical or unprofessional behaviour by my counsellor.
- I have the right to request access to my personal information or request corrections to this information.
- I have the right to confidentiality

Confidentiality

I understand that, except for the following limitations, all information I share with my counsellor is confidential. This means no information will be released to any third party without my explicit written consent. I understand the following exceptions to this confidentiality are:

- When there is a clear risk of substantial harm to myself or threat of harm towards another person, my Counsellor is ethically bound to disclose this information to appropriate authorities.
- When there is reason to believe that a child or a vulnerable adult needs protection, such as where a child or vulnerable adult has been or is likely to be physically, sexually, or emotionally harmed, abused, or exploited, my Counsellor is legally bound to report the matter to appropriate authorities.
- When the court of law requires the release of personal information my Counsellor will disclose what is required.

If I have any questions or concerns about confidentiality I will ask my counsellor for clarification.

I, _____ understand my rights involved in the counselling process. I also understand the possible benefits and risks involved. I understand Dawn Israel-Compton, MA, CCC is bound by the Canadian Counselling and Psychotherapy Association Code of Ethical Conduct and Standards of Ethical Practice. I hereby give my consent for Dawn Israel-Compton to provide counselling services. I understand my right to withdraw consent and counselling at any time.

Client Name (printed)

Client Signature

Date

Client Name (printed)

Client Signature

Date

Signature of Counsellor

Date

