

## Consent for Treatment and Disclosure Form

Jennifer Nagel, MA, RCC

Therapist

RCC #2169

- As my client I will respect and follow your hopes for each counselling session.
- I accept the responsibility to follow a therapeutic process.
- As my client you have the right to refuse treatment at any time without explanation.
- I will keep records of the date and times of our sessions and a brief notation characterizing the session.
- I will terminate our sessions when we have accomplished our goals or when it is apparent to me that we cannot.
- The gathering and retaining of personal information is guided by the BC Association of Clinical Counsellors and the Personal Information Privacy Act.
- You enter a counselling process with me at your own free will.
- Where applicable, your signature gives me consent to counsel your child/adolescent.

You may have access to your file upon request. Your file will be for my eyes only. All my record keeping and booking of appointments are performed by myself.

We will work together to establish your specific personal therapeutic goals that will be continually evaluated as we proceed.

**Sessions:** Sessions are 50 minutes long.

**Fees:** Fees are to be paid at the end of each session. Payment may be made in cash , cheque or credit card.

**Twenty-four hour cancellation notice is required to avoid charges.**

### **Confidentiality:**

Information shared with me will be held in strict confidence. I place great value on the quality of the relationship between myself and my clients, your privacy and your safety. However, there are three limitations placed upon me as a Registered Clinical Counsellor that you must be aware of.

**1/ If during the course of counselling, information emerges that clients may do harm to themselves or others, I must act upon this information, with or without your permission to ensure your safety and /or the safety of others.**

**2/ If during the course of counselling information emerges about child abuse, I am legally obligated to inform the appropriate authorities of this alleged abuse with or without your permission.**

**3/ It is also possible that courts may require disclosure of client records, if they contain information related to legal proceedings.**

I have read the above information and understand the conditions. I give my consent for therapy and have received a copy of this agreement. I may access any of my personal therapeutic files.

**CLIENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_  
(If applicable)

**DATE:** \_\_\_\_\_

**COUNSELLOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**BCACC contact information for registered Therapists:**

BCACC  
#14 – 2544 Dunlevy Street  
Victoria, BC V8R 5Z2

Telephone: 1-800-909-6303

Email: [hoffice@bc-counsellors.org](mailto:hoffice@bc-counsellors.org)