

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 electronic records of the date and times of our sessions and a brief notation characterizing the session.
- Sessions will terminate when we have accomplished our therapeutic 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 and is stored electronically on an encrypted platform that complies with the Personal Information Privacy Act. 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, credit card or e-transfer.

48 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.

Phone and Video Counselling:

If you are opting for phone or video counselling services, there is additional information to be aware of prior to your initial session. There are potential risks and benefits of video and phone sessions that differ from in-person sessions. These can be discussed with me prior to the first session. Confidentiality and privacy still apply for video and phone sessions, and I am using technology that is compliant with *The Personal Information Protection Act* ([PIPA](#)). You will also need to ensure that you have access to the following:

- Webcam or smartphone
- A quiet, private space that is free of distractions (including other devices or phone calls) during session
- A secure, password protected internet connection, not public/free Wi-Fi

Additionally, we will discuss alternate forms of communication (e.g. a phone number) if the session needs to be restarted or rescheduled, or in the event of technical difficulties. You should also confirm with your insurance company that video sessions will be covered; if they are not, you are responsible for full payment. Finally, as your counsellor, I may determine that due to certain circumstances, video or phone sessions are no longer appropriate and that sessions should resume in-person.

Consent to Counselling

- I have read the Informed Consent and understand the context in which I will receive counselling services.
- I have the right to withdraw from the counselling process at any time either at my own initiative or in consultation with my counsellor.
- I agree to attend counselling session on time as scheduled.
- If using a video-conferencing platform, I agree to use the platform offered by my counsellor/psychologist, and I understand how to use that platform.
- In the event I am unable to attend counselling session, **I agree to provide at least 48 hours advance notice**. If the appointment is scheduled on a Monday, the cancellation needs to be made before 4:00 on the previous Friday. In the event I do not provide 48 hours advance notice, I agree to pay the **cancellation fee** which is the same amount as the session fee.

Your signature below indicates that you have read this Agreement and agree to its terms.

CLIENT: _____

DATE: _____

PARENT/GUARDIAN: _____
(If applicable)

DATE: _____

COUNSELLOR: _____

DATE: _____