



## **Informed Consent**

This might be your first time working with a counsellor, therefore this document will explain the counselling process, my role as your therapist, and your rights as a client. Please read the following guidelines carefully, noting that you will be asked to sign this in hardcopy when counselling begins. You will have the opportunity to ask questions as needed before signing this form.

### **About My Counselling Approach:**

I practice client centred, experiential and humanistic therapies in conjunction with cognitive and EMDR therapies to address how our negative past experiences and the thoughts we have about them can become roadblocks to a happy and productive life. I have spent much time working with those suffering from anxiety, depression, substance abuse, trauma (PTSD), relationship issues and life transitions. Together we will develop a plan to support your goals towards improving your overall wellness. I welcome your questions and feedback throughout our time together.

### **Risks and Benefits:**

As you actively begin to work towards your goals you may begin to feel more empowered, in control, and relieved. However, counselling can also stir up feelings of sadness, frustration, and fear. It is helpful to be aware these emotions are a natural part of the journey. I strongly suggest you increase your “caring for self” activities during this exciting time. “Caring for self” activities include creating a sleep routine to support more rest, eating a few healthy foods, reaching out for support from safe people in your life, and engaging in enjoyable movement suitable for your fitness level.

### **The Client and Counsellor Working Relationship:**

As your counsellor, I am prohibited from engaging in any personal relationship outside of my role as your therapist. In order to protect your privacy, I will not acknowledge you in the community should we see each other. This is intended as a protective measure to ensure you are comfortable speaking openly in our sessions. If you acknowledge me in the community, I will follow your lead in terms of how you describe our professional relationship. Otherwise, I will respect your right to confidentiality in public.

### **Social Media Policy:**

As your counsellor, I will not communicate with clients on any social media platforms such as Twitter, Facebook, LinkedIn, Pinterest etc. Please be aware that any comments you leave may identify you as a client. Social network sites may not be used for any communication purposes between client and counsellor. Please be aware that the BCACC Code of Ethics prohibits any relationships outside of my role as your counsellor and therefore, any communication in a public online forum is not permitted to protect your rights to privacy. Please do not use email for confidential information. Due to the nature of online communications, confidentiality cannot be guaranteed although best practices are in place.

### **Counselling Records**

All clinical records, your confidential contact information and account information are stored in OWL. This is a Canadian clinical cloud system in which all data is stored on Canadian servers and which strictly complies with Personal Health Information regulation (PHI). If provided, your credit card information is stored in STRIPE, which is a Level-1 PCI Compliant provider (this is the highest level of security and compliance for credit cards).

I am ethically obligated to securely store all of your confidential client data for no less than 7 years following our counselling sessions. If you have any questions or concerns, please do not hesitate to ask me about these details.

## Counselling & Confidentiality:



You have the right to confidentiality and there are only rare instances when I may be obligated to release information to a third party without your consent. These include:

- If you tell me that a minor child or dependent adult is being hurt or at risk;
- If you have a plan and the means to harm yourself or someone else;
- If your records are subpoenaed by the court.

### Please note:

It is recommended by the the Canadian Counselling and Psychotherapy Association and BC Association for Clinical Counsellors that all Registered and Certified Clinical Counsellors obtain regular clinical supervision. As such, I do actively participate in supervision with qualified MA and PhD level counselling supervisors. At no time is any personal or identifying information divulged during supervision.

## Consent for the Cost of Services:

The standard fee for an individual 60-minute session is \$120 and the fee for couples is \$130. Longer sessions can be arranged and are reasonably priced. Payment is expected at session payable via e-transfer, cash, or credit card. **Please note: I do not accept debit.** A receipt will be provided to you via e-mail. Counselling fees are not covered by MSP but may be covered by your extended medical plan or possibly deductible as a medical expense on income taxes. I may offer a sliding scale based on your income and this requires a discussion around what is feasible.

## Cancellation Policy:

24 hours notice must be given to change or cancel appointments times otherwise the agreed upon fee for missing the session will be charged unless you can substantiate extenuating circumstances. Your session is reserved exclusively for you and therefore is not available to others. If you arrive late for an appointment, you will be charged the full session fee and the time may not be extended. I can be reached at [admin@mariannestewart.ca](mailto:admin@mariannestewart.ca) or at 306.502.5350 in these cases.

## CLIENT CHECKLIST:

- ✓ I have asked questions about anything I do not understand.
- ✓ I am aware that clinical notes are being stored in OWL, which is a secure HPI cloud based server, and that credit card data is being stored with STRIPE, which is a Level-1 PCI Compliant provider.
- ✓ I understand the rights and limits of confidentiality.
- ✓ I understand that if I'm at risk for harming myself or someone else, my therapist will contact a third party.
- ✓ I know I have the right to share with my counsellor what is and is not working.
- ✓ I understand that I have a responsibility to cancel or change 24 hours in advance of a scheduled session or I will be charged the agreed-upon rate.
- ✓ I understand that if I am late for a session, there may not be extra time allotted for the session.

Client's Printed Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_