

## **Information and Consent Form**

Please read the following information and discuss any questions or concerns with your therapist before signing this form.

### **Services Provided**

Counselling sessions at Cor Christian Counselling generally range between 50-60 minutes in length. The purpose of counselling is to assist you with personal difficulties in the context of a caring, therapeutic relationship. It is a collaborative process between the counsellor and client. My role as your counsellor involves creating a safe and caring environment, asking questions, and guiding you through the process of exploration, insight, and action. Your role is to attend sessions and participate actively in the process to the extent that you feel comfortable and are able to do so. When you meet with the counsellor, your concern (s) will be discussed. To ensure the best fit, it will be determined if your concerns and goals in counselling will fit with the counsellor's area of competence. Should an issue arise that is outside the counsellor's area of competence, a referral will be made in consultation with the client.

### **Confidentiality**

All communication shared in session between you and the counsellor is held in strictest confidence and will not be released to anyone without written permission. Please note that our office is located in a shared building. A separate entrance is provided for additional privacy. It is understood that the counsellor may consult with peer counselors or supervisors. In these instances, your identity will be disguised and will not be disclosed. Apart from these situations, there are limitations to confidentiality when the counsellor has a legal requirement to report situations to a third party without your consent. These include suspicion of child/vulnerable individual abuse or neglect as well as threat of violence or harm to oneself or others. In some situations, it is also possible for client files to be subpoenaed by the Court. Any release of information beyond these conditions will require a separate consent form signed by the client.

### **Treatment Considerations & Withdrawal of Consent**

There are always risks and benefits to counselling and therapy. Sometimes painful feelings and issues emerge as we work together. Please keep in mind that it can seem worse before it gets better. During counselling you may be faced with making major decisions or changes about yourself, your family or your lifestyle. Some of these decisions and changes may not have been anticipated in your initial treatment goals. It is important to note that there is no guarantee that our work together will provide you the exact outcome you are looking for. Sometimes plans need to be reassessed and new goals can emerge.

Remember informed consent is an ongoing process that you can discuss with your counsellor at any time. You may withdraw from counselling at any time without giving me a reason.

## Cor Christian Counselling

### **Appointment and Fees**

Office hours are flexible, which allows for some evening sessions. Please use our online booking tool found on our website or call or email to make an appointment or decide at a previous session. We do not provide outpatient emergency response.

Standard Therapy Sessions are 50-60 minutes in length and are \$90. Payment can be made via e-transfer, cash, credit or debit card and will be collected prior to the session. Please check with your insurance provider before booking to see if you have coverage for counselling sessions. A sliding scale fee option is available on a case-by-case basis and is individually negotiated.

By signing below, you are agreeing to be fully responsible to pay for all services rendered and to pay in full at the time of appointment, unless other arrangements have been made. Extensive telephone and email communication is also billable time, (as well as requested letters, reports or documents), upon the discretion of the counsellor.

### **Cancellation & Winter Weather Policy**

We understand that things come up. We kindly request 24 hours' notice for any cancellations or changes to your appointment. In the event of late cancellations or missed appointments, a fee of half the session cost may be billed to your account. In the event of inclement weather or an emergency on behalf of the therapist, you will be contacted in advance to reschedule your appointment

If you are unable to keep an appointment, please email [info@corchristiancounselling.ca](mailto:info@corchristiancounselling.ca) or call our office at 902-394-0236

**I hereby acknowledge that I have read and understand the terms of this service agreement. I agree to participate in counselling under the conditions described above.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Client

Witnessed: \_\_\_\_\_ Date \_\_\_\_\_  
Counsellor

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**Parent/Guardian of Minor (under 16):**

I/We \_\_\_\_\_ parent(s)/guardian(s) of \_\_\_\_\_, a minor child, hereby voluntarily grant permission to \_\_\_\_\_ to provide services to our child. I/we understand that such permission may be revoked, in writing, at any time.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_