

Consent for Counselling and Confidentiality Agreement

Thank you for the opportunity to help you reach your goals. Please read the following pages carefully and ask about anything that is unclear. Your signature at the end will indicate that you have read and understood the information, and that you agree to the terms of payment and service.

MY QUALIFICATIONS

I am a Registered Psychologist with the College of Alberta Psychologists (License #3634). I have an MA in Counselling and a B.Sc. in Psychology. My practice is guided by the Ethical Codes of the Canadian Psychological Association. I am a member of several provincial, national and international professional associations, and have specialized training in several areas. I also participate in ongoing professional development which may include observation of sessions with clients using reflecting rooms, recordings and other methods for the purpose of enhancing my therapeutic skills and techniques. At times counselling students under my supervision may provide services. I also consult regularly with colleagues and other therapists, attend conferences and seminars to discuss cases confidentially and anonymously and to ensure that my skills are current.

COUNSELLING RELATIONSHIP

I am hoping that we will work together as a team. You have knowledge about your own life, and I have knowledge and expertise about the therapeutic process. I expect you to be actively involved in this process as you work toward your goals. I have found that clients benefit most from the therapy process if they engage in some form of self-help between their sessions. For this reason, I may assign homework to maximize the effectiveness of the therapy. I will invite your input to determine what would be the most useful things for you to do between sessions. We may also correspond by email/phone between sessions for brief updates.

SESSION FORMAT

Sessions are normally 50 minutes long. Sessions are usually face-to-face. During the sessions I will do one or more of the following:

- listen to your concerns and allow you to express your feelings
- help you to identify your strengths and resources
- help you to identify the thoughts, feelings, behaviors, or circumstances that are interfering with you meeting your goals;
- help you to set goals and develop concrete action plans for managing or overcoming the obstacles to your well-being;
- use a specific intervention that is appropriate to your goals;
- provide relevant information, verbally, via white-board and/or in handout form; ▪ conduct formal and informal assessments to measure your progress and enhance motivation;
- suggest some reading or writing assignment to help you gain insight into your concern;

- give a homework assignment to be completed between therapy sessions.

YOUR RIGHTS

You have the right to ask questions about my treatment methods so you can make informed decisions about what methods are most suitable for you. You have the right to stop therapy if something about it is not working for you. If this should happen, I would appreciate your feedback about what is not working for you. I may be able to suggest alternate resources. You have the right to ask for a referral if that would be in your best interests.

RISKS OF PSYCHOTHERAPY

Psychotherapy involves a degree of risk. You may temporarily experience uncomfortable emotions as you talk about the issues that are concerning you. Sometimes therapy involves talking about unpleasant aspects of your history. Psychotherapy is focused on facilitating change according to the goals you set. Any change (even good change) can affect a person's established system. You may meet with some resistance from other people in your life as a result of the changes you make.

CONFIDENTIALITY

What you disclose during the therapy sessions is kept in strict confidence. I keep session notes in a locked filing cabinet and only I have access to them. Digital files and electronic client data are kept in secure password safe locations. There are, however, limitations to the full extent that emails and electronic mediums can be completely confidential, and clients are advised to be aware of this when using these means of communication.

If you and I determine that it would be helpful for me to share information about your therapy with someone else (e.g., your physician), then I will ask you to sign a form that gives me permission to release and/or request information.

Couples who share information in individual sessions are able to request that such information is kept confidential as long as it does not jeopardize the integrity of ongoing couple therapy.

EXCEPTIONS TO CONFIDENTIALITY

- If you threaten to harm or kill yourself or someone else and I believe your threat to be serious, I am ethically bound to warn your family or the person you have threatened.
- According to the Child Welfare Act, I am ethically and legally bound to report to the appropriate authorities any abuse (physical, sexual, emotional, or neglect) of a child currently under the age of 18 years. This law is designed to protect children from harm and requires that *all persons* report confirmed or suspected cases of child abuse or vulnerable person abuse to the proper authorities.
- If you are involved in litigation of any kind and you inform the Court that you are in

therapy, you may be waiving your right to keep your records confidential. If the Court subpoenas my files, or me, I am obligated to appear and to answer

3

questions.

Communication between a client and a therapist is considered privileged communication. If you disclose to me that you have done something illegal, I am *not* legally obligated to report this unless it involves child abuse or direct threat to an individual.

FEES

EAP (Employee Assistance Programs) companies contract with your employer to cover the cost for sessions attended by clients. Clients failing to attend or cancel sessions with less than the required 48 hours will be assessed a cancellation fee of \$90. This is not generally paid for by the EAP and is your responsibility. If the EAP service arrangement ends, payment is required for subsequent sessions, late fees are the full rate (usually \$225) and unpaid fees may be given to small claims agencies.

OUT OF TOWN

If I am out of town, I will indicate that on my voice mail or provide the name of a colleague. If you experience an emergency and you are not able to reach me, you may call the Distress Centre, 403-266-4357 (HELP), call 911 or go to a hospital emergency room.

CANCELLATIONS AND MISSED SESSIONS

I prefer 48 hours' notice to accommodate others who may be in need. **If you miss an appointment without notice, or cancel a session with less than 24 hours notice, you will be charged the \$90 fee. Legal means may be used to collect unpaid debts.**

STOPPING THERAPY

In starting therapy, you begin a goal-focused process that has a beginning, middle, and end. It is recommended that stopping therapy be planned for and discussed with the therapist. Both your EAP and I have utmost concern for your well-being. EAP counselling is intended to be short-term therapy; though I will attempt to address all of your issues please be aware some issues may require longer treatment and help. I will endeavor to and discuss possible options and support you where possible to access these resources.

ELECTRONIC COMMUNICATION & RECORDING

Should you wish to communicate via the following methods for booking or cancelling appts, you acknowledge that you fully understand the risks and limitations of privacy with text, email and video conferencing. Text and Email will be for appointment bookings and non-therapeutic questions and will not be used as a form of E-Therapy. You consent to the use of the following and can retract this consent at any time in

writing:

Text Email Video Conferencing (for sessions such as Doxy.me/Zoom)

The recording of a session is prohibited unless both the therapist and client have prior knowledge and consent to such in writing. PLEASE NOTE: If you are booking appointments via email/text/phone please ensure you receive a 'confirmed' response from me that same day otherwise it may be that I have missed your communication, and I would ask that you resend.

AGREEMENT

By signing this form, I understand that at least **48 hours notice** needs to be given to change or cancel an appointment. I agree to participate in the therapy process with Joanna Jewell and understand that the therapy process is collaborative. I understand that information about me is confidential and I understand the limits to confidentiality.

I agree to pay for missed sessions and short-notice cancellations plus any applicable fees and understand that legal means and additional fees may be involved in collection of these debts.

I have read, understand and agree to the information on this form.

Client(s): Date:

(signature)

(print name)

(signature)

(print name)

Child's Name _____
(if under 18)

Name(s) of Legal Parent(s) or Guardian(s): _____

—

Counsellor Signature: Date:

joannajewell@gmail.com www.jewellcounselling.com