

## INFORMATION FOR CLIENTS

### Welcome

Participating in counselling is a big step; it takes courage to make changes. My goal is to provide you with a safe space and support as you begin this work.

This form will help you understand the process of counselling as well as some of the benefits.

Counselling will provide you with the opportunity to learn about yourself and experience personal growth. It is important to be clear and transparent about what counselling is, and what it looks like so you know what you expect.

Please read through this document carefully and ask any questions that come to you. I will then ask you to sign the **Consent to Treatment** form which will be kept in your counselling file.

I look forward to working with you and getting to know you better.

### What to Expect:

Counselling creates a safe place where you can discuss challenges and personal issues without fear of judgment.

Change requires you to be actively involved and open to changing your thoughts, feelings and/or behaviors. I will ask you for your feedback and views on our sessions, your progress and other aspects of the process. It is important for you to provide me with your honest reflection so I can adjust my approach to fit your needs.

Change is difficult. Discomfort along with curiosity and excitement are all part of change and the counselling process. I will be supportive in your efforts to develop your curiosity and motivation to create change. I will encourage you to experiment with specific activities and techniques as you develop and practice new skills.

If you have any questions, it is always okay to ask and it is always okay for you to tell me that you do not like what we are doing.

Some of the Benefits of counselling include:

- Personal growth;
- Learning healthier ways to cope with and manage stress;
- Improved relationships;
- Improvement in the concerns that brought you to counselling; and
- Increased self confidence in your own ability to cope.

Some of the Risks include:

- Remembering or talking about unpleasant events, thoughts or feelings can result in considerable discomfort and/or strong feelings of anger, sadness, worry and fear;
- While I will be supportive, I will also challenge some of your assumptions and perceptions which may cause you to feel upset, angry or disappointed;
  - This is a normal and expected part of the counselling process;
- Counselling may result in decisions about changing behaviours and/or relationships;
- Sometimes a decision that is positive for one person is viewed negatively by others; and
- There is a risk that counselling will not bring about the positive or intended results that you hoped for.

## Confidentiality

Confidentiality for online counselling services, e-mail communication, computer and faxes is maintained in the strictest manner. However, it is important to note that computers and e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. E-mails, in particular, are vulnerable to unauthorized access due to the fact that internet servers have unlimited and direct access to all e-mails that go through them. It is important that you be aware that e-mails, faxes and important texts are part of counselling records. Additionally, my e-mails are not encrypted. My computer is equipped with a firewall, virus protection and a password. I also back-up all confidential information from my computer on a regular basis. Please notify me if you decide to avoid or limit in any way the use of any or all communication devices, such as e-mail, cell phone or faxes. If you communicate confidential or private information via e-mail, I will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted and will honour your desire to communicate on such matters via e-mail. Please do not use e-mail or faxes for emergencies. 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.

## 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. In cases of actual or suspected child abuse legally obligated to notify the proper authority According to the Child Welfare Act, I am ethically and legally bound to report 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.

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 provide files or appear in court. Communication between a client and a psychologist is not 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 a direct threat.

## Consultation and Supervision

It is customary and good ethical practice for psychologists to consult with colleagues for peer supervision. In this way, you benefit from the combined wisdom of a team of psychologists. When I seek consultation, I discuss the client's situation without giving any identifying information, assuring anonymity. Please let me know if you have any concerns about this.

## Your Rights

You have many rights within counselling. You get to decide how much or how little you share with me. However, when you take a risk and trust the process, you are more likely to be able to create and integrate positive changes in your life. You **always** have the right to say **yes, no, pass** or **stop** at any time. Here are some more of your rights:

- You have the right to ask questions about your treatment so you can make informed decisions about what methods are most suitable;
- You have the right to feel safe;
- You have the right to be treated with respect, dignity and genuine positive regard, regardless of your age, gender, ability, sexual orientation, ethnic background or belief system;
- You have the right to ask questions about my qualifications, treatment or the counselling process;
- You have the right to be informed of fee structure, treatment expectations and treatment plan including length of therapy and plan for termination;
- You have the right to have your privacy protected and information held with the strictest confidence possible (within the limitations of the law outlined in this document);
- You have the right to ask questions at any time;
- You have the right to know the risks, benefits and limitations of counselling;

- You have the right to stop treatment at any time if something about it is not working for you. Should this occur, I would appreciate your feedback about what is not working and may be able to suggest alternate resources.
- You have the right to view your file notes and to know what is being written about you; and
- You have right to learn about alternative options for treatment, other than counselling.

## **Record Keeping**

Information discussed within sessions or kept in written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law or for purposes of consultation. Files and session notes are kept in a locked cabinet that only I can access.

## **Length of Sessions**

Sessions are normally 50 minutes long (plus 10 minutes for file notes); however other arrangements can be made on a case-by-case basis. Longer or shorter sessions may be arranged by mutual agreement.

## **Telephone and Emergency Procedures**

If you need to contact me between sessions, please leave me a message at 403-701-4148. Your call will be returned within 24 hours on weekdays. I review my messages a few times during the daytime only. Messages left after 7:00 pm weekdays will be returned the following business day. If an emergency situation arises, indicate it clearly in your message. If you need to talk to someone right away call the Distress Centre at 403-266-1605, call 911, or go to a hospital emergency room.

## **Fees and Payments**

The fee for a 50 minute counselling session is \$200.00 for individuals, couples and families. Please note that sessions for couples and families typically require additional time and are usually booked for 75 minutes or 1.5 sessions at a time. Additional report writing, telephone consultations, letters and forms completed outside of a session will be billed at 10 minute increments, calculated at one-fifth of the hourly rate, at my discretion.

My preferred method of payment is e-transfer. I also accept Visa, Mastercard, cheque or cash.

## **Cancellations or Missed Sessions**

Since the scheduling of an appointment involves the reservation of a time specifically for you, a minimum of 1 day (24 hours) notice is required for re-scheduling or cancelling. The regular session fee of \$200.00 will be charged for appointments that are missed, and a late cancellation fee of \$100.00 will be charged for sessions cancelled with less than 24 hours notice, Monday through Friday. **For example, if you have an appointment on Monday at 10 am you will need to cancel prior to 10 am on Friday in order to avoid the fee.**

### Client Identification

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone (day/eve/work/cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent to Treatment

I have read and understand the information outlined in this document. I agree to participate in the counselling process with Cheryl Placsko according to the terms outlined:

- \_\_\_\_\_ I have read the Informed Consent for Counselling document, had sufficient time to consider it carefully, asked any questions that I needed to, and understand what I have read;
- \_\_\_\_\_ I understand that the counselling process is collaborative and I am willing to engage in self-help exercises;
- \_\_\_\_\_ I understand that information about me is confidential and I understand and accept the limits to confidentiality;
- \_\_\_\_\_ I understand that if I threaten to harm myself, others, a child, or dependent adult, my counsellor is required to protect these individuals at the expense of protecting my privacy;
- \_\_\_\_\_ I understand the limits to confidentiality required by law and those indicated by my counsellor;
- \_\_\_\_\_ I understand my rights and responsibilities as a client as well as my counsellor's responsibilities;
- \_\_\_\_\_ I understand my right to end counselling at any time and that I can refuse any requests or suggestions made by my counsellor;
- \_\_\_\_\_ I am over the age of eighteen;
- \_\_\_\_\_ I understand that I am required to give at least 24 hours notice to change or cancel an appointment and agree to pay for missed sessions and short-notice cancellations; and
- \_\_\_\_\_ I acknowledge that my counsellor has provided the opportunity for me to discuss and ask questions about the importance and limits of confidentiality, risks and benefits, as well as the expectations of counselling.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, Cheryl Placsko, assert that I have discussed the content of this document and outlined issues within this consent with my client. My observations of this person's behaviour and responses indicate that this person understands the risks and benefits as set out above and is competent to give informed and willing consent at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_