**Statement of Understanding**

Counselling is a partnership between counselor and client. The process will involve clarifying the problem (s) that brought you to counseling, developing a plan to address them, and working with the support of your counsellor toward problem resolution. In some situations a referral to another resource may be indicated. If so, your counselor will assist you with this process. With your permission, your counselor may contact a community resource to ensure a smooth transition.

**Confidentiality and Client Rights**

1. All counseling services are confidential.

No information will be provided to anyone without your signed, informed consent. There are some important exclusions to the above:

* Child welfare concerns
* Imminent self-harm, danger to others, or medical emergency
* Subpoena or court order

2. A record is kept of services provided to you. All records are confidential and access to them will be granted to you if desired.

**Consent to Counselling**

Payment for counselling services is required at the end of each session. Twenty four hour business days’ notice is required to cancel an appointment. Failure to provide this will result in being billed for half the session fee.

**Credit Card Information**

We require all clients to keep a credit card on file in accordance to the above billing policy.

Name on Credit/Debit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Card Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type: Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ Discover: \_\_\_\_\_ American Express: \_\_\_\_\_

Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 Digit # on Back of Card: \_\_\_\_

**I have read the above, understand its contents, agree to the billing policy, and consent to the counselling process. If children are involved, I/We have also read the Child Guidelines and give consent for the counselling process.**

Client Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Medical Care***

Clinic Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Are you on any medications, if so, please indicate name and dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you enter treatment with us for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? [] Yes [] No

***Emergency Information***

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Clinic Information and Client Consent Policies***

**Overview of Counseling Therapy**

Therapy varies depending on the therapist, the client, and the client’s particular situations and goals. Your counsellor may use many different methods to deal with your particular situations and goals. In order for therapy to have the best outcome, you will likely have to invest energy into the process and work actively on things we talk about during and between our sessions.

Therapy can have benefits and risks. The risks may include experiencing uncomfortable feelings like sadness, guilt, anger, anxiety, or frustration when discussing aspects of your life or relationships. Research shows psychotherapy to have benefits that can include better relations, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in feelings of distress. However, it is impossible to predict or guarantee what you will experience.

Your first few sessions will involve an evaluation of your situation and needs. We will also discuss your goals. During this time, you and your counsellor together will decide if your counsellor is the best person to provide you with therapeutic services. Therapy can involve a significant investment of time, energy, and money so it is important you select a counsellor you are comfortable working with. If at any time you have questions about any aspect of your work with your counsellor, please discuss with your counsellor. If you decide you do not want to continue in therapy, please inform your counsellor. If you want help finding another counsellor or other appropriate resources, we will happily assist you in doing so.

You may be seen individually, with a partner, or as a family.

Counselling is a process of exploring one’s feelings, thoughts, and behaviours; and of setting goals and problem-solving. The counsellor may use a variety of techniques to help you achieve your counselling goals. You have the right to be informed about the techniques, and you have the right to be involved in choosing the techniques and methods that feel most helpful to you.

Appointments normally vary between 50 minutes and 60 minutes in duration.

You may stop counselling at any time, but it is preferred that you talk with your counsellor before you decide.

**Crisis Response and Contacting Your Counsellor**

Your counsellor is often not immediately available by phone because we do not answer the phone when in session with clients. Feel free to leave a voicemail and your counsellor will get back to you within the next business day (Monday through Friday). We will make every effort to return your call as soon as possible (usually within a few hours and almost always within 24 hours Monday through Friday). If you are difficult to reach, please let us know in advance. When your counsellor will be unavailable for an extended time, you will be provided with a backup counsellor to contact if necessary.

Outpatient mental health services are consultative in nature; we are not equipped to handle emergencies. Please call Mobile Crisis at 306-933-6200, 911, or go to the nearest hospital emergency room if you are in crisis.

**Financial Responsibility**

Some health insurance plans include counselling coverage, however, the exact coverage varies widely with the different health insurance plans. Clients are responsible for services received not covered by insurance; therefore we strongly recommend you call your insurance company to verify coverage. When you call your insurance company, ask to verify your coverage is for counselling. It is also your responsibility to keep us up-to-date with any changes in your benefit plan and / or insurance coverage.

**Cancellation Policy**

Twenty four hour business days’ notice is required to cancel an appointment. Failure to provide this will result in being billed for half the session fee – which is not billable to insurance companies. Please phone us with cancellations as soon as possible to avoid late cancellations fees, and out of respect to others who may need that appointment time.

**Cases Involving the Legal System**

Our services are not to be utilized for testimony, custody disputes, disability or any other form of court evaluations. We are happy to refer you to other providers in the area who provide these services should you require any court evaluation or testimony. Should we be subpoenaed or mandated by the courts to testify, you will be required to pay all fees associated with the writing of case summaries and/or other reports, consultation with mental health professionals, review of other records, and any other preparation. The client will also need to pay for other fees incurred including travel time, meals, parking and all other costs associated with the court time. Counsellor testimony will require the client be billed directly, as insurance will not cover these charges. All fees must be paid prior to the date of testimony. Court appearances are significantly more expensive due to the complexity and difficulty of being involved in such matter.

**Rates**

Counselling sessions typically run 50-60 minutes and are $100 per session.

Payment for counselling services is required at the end of each session. Twenty four hour business days’ notice is required to cancel an appointment. Failure to provide this will result in being billed for half the session fee.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |