

Susan Furtado MCP, R.H.N., RCC, CCC #13304
Informed Consent

Hello and welcome to my practice. The fact that you are here demonstrates that you are ready to take action, and take steps towards helping yourself to improve your health. As a client, you have clear confidentiality rights that are important for you to know about. There are certain limitations to those rights that you should be aware of.

Your psychotherapist is a registrant of the B.C. Association of Clinical Counsellors (BCACC), governed by BCACC's CODE OF ETHICAL CONDUCT. A psychotherapist may not provide services without first obtaining an informed consent. If you have any questions regarding sessions or content, you may address the psychotherapist before, during and after the provision of these services.

CONFIDENTIALITY

All information is held in strict confidentiality between the client and the psychotherapist. If you have any questions or concerns, please do not hesitate to ask the psychotherapist.

EXCEPTIONS TO CONFIDENTIALITY AGREEMENT

1. If you may be in danger of causing serious harm to yourself or others;
2. If there is a suspicion of or disclosure of abuse with children, an obligation to report is necessary;
3. If my records are subpoenaed by a court order;
4. If you give written permission for me to consult with other individuals as required;
5. If you choose to communicate with me via email or cell phone, confidentiality cannot be guaranteed.

RISKS

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes to your beliefs or behaviours can be difficult and sometimes disruptive to the relationships you already have. It is important that you carefully consider these risks. Most people who work with these risks find that therapy is very helpful.

BENEFITS

The main benefit of counselling is that it helps you to have a life which you can more fully enjoy and appreciate. It can help you to become the sort of person you want to be. It can also help you to more deeply enjoy your important relationships, feel better about yourself, feel more at peace, more comfortable, or more secure in the world. Also you may feel more successfully connected with others and reduce stress.

CONCERNS AND COMPLAINTS

If you have any concerns about my conduct or any aspect of the treatment, you may discuss these concerns with me at any time during the course of treatment. If you are not satisfied by the quality of services, or believe that your counsellor has acted unethically or unprofessionally, you can make a formal complaint to the British Columbia Association of Clinical Counsellors.

AVAILABILITY

If your psychotherapist is not immediately available by phone, she has a confidential voicemail and she will make every effort to return your call within 24 hours. She will do not return calls between 8pm and 8am, on weekends, or during planned vacations. She will tell you well in advance of any anticipated lengthy absences, and in the case of an unexpected absence, she will attempt to reschedule your appointment as soon as possible. If you are experiencing an emergency when she is out of town, or outside of my regular office hours as described above, please call the Crisis Line at 1-800-SUICIDE or 604-872-3311. If you believe that you cannot keep yourself safe, please call 911, or go to the hospital emergency room for help.

PAYMENT

The fee for a standard consultation session of 50 minutes is \$145.00 + gst. Payments can be made by cash, debit and VISA/MasterCard.

CANCELLATION POLICY

If you are unable to attend a session, it is your responsibility to inform me, or the office, at least 24 hours in advance. You will be responsible to pay the regular rate for an appointment that has been missed/cancelled without 24 hours notice.

EXTENDED HEALTH CARE BENEFITS

Counselling services may be partially or completely covered by your extended health benefits or your workplace. Please confirm your coverage with your insurance provider. Please note: if you are covered by your benefits, you will have to pay for the session and then submit receipts to your insurance provider for reimbursement.

I _____ have been informed of the above conditions and have discussed them with the psychotherapist. I have read, understood and agree with the above conditions. I am over the age of majority (19) and competent to give my informed consent.

In addition I confirm: I understand that if I talk about the content of my sessions with anyone, I am responsible for compromising my confidentiality.

NAME (PLEASE PRINT): _____ **DATE OF BIRTH:** _____

SIGNATURE: _____ **DATE** _____

PHONE# HOME: _____ **CELL:** _____ **EMAIL:** _____

Is it okay to leave a voicemail **YES** **NO** I consent to email contact **YES** **NO**

ADDRESS: _____ **EMERGENCY CONTACT NAME:** _____

RELATIONSHIP TO CLIENT: _____ **PHONE#: H** _____ **C:** _____

If the event of an emergency I consent to the psychotherapist calling my emergency contact. I understand that the psychotherapist will try to preserve confidentiality, but that this may not always be possible in an emergency situation.

Initial _____

FAMILY DOCTOR: _____ **PHONE #** _____

Thank you and it will be a great honour working with you,

Susan Furtado MCP, R.H.N., RCC, CCC

DATE