**Confidential Counselling Services Consent Form**

* Clients have a right to confidential counselling in a safe environment.
* Clients have a right to ask questions about the counselling process.
* Clients have a right to develop a personal treatment plan in conjunction with their counsellor.
* Clients have a right to refuse a course of treatment and may terminate counselling at any time.

**Confidentiality:**  **All sessions are confidential.** **No Fear Counselling will not release session information without your signed consent.**

There are some circumstances where counsellors are required to disclose information, such as:

* When clients pose a serious imminent and lethal danger to themselves or to others
* When child abuse or neglect is disclosed during a session (vulnerable populations may also apply)
* When required to do so by subpoena through a court order from a judge
* No Fear Counselling staff needs to interact with each other for the purposes of invoicing and tracking your sessions, but will never discuss or release the contents of your sessions without your written consent.
* In ICBC claims, No Fear Counselling will need to communicate with your adjuster and/or lawyer in order to obtain funding. Only your name, motor vehicle accident related symptoms, and progress around those symptoms will be communicated. Beyond that, only what you feel comfortable to share on your assessment will be shared.
* Confidentiality is not able to be guaranteed between sessions and when utilizing video or phone technology such as texting, Skype, Google Hangouts, Zoom, Messenger, Whatsapp or any other conferencing software.

At times, a therapist may seek case consultation with peer counsellors or supervision from a supervisor in order to give the client the best possible care. The therapist will not disclose the client’s name or other identifying information, and will seek consultation in the best interest of the client.

Potential Risks of counselling:

In counselling, discomfort may arise as difficult issues are addressed and worked through. There may be an increase in uncomfortable feelings such as sadness, anger, shame, or others. This is a often a necessary part of therapy before feeling better. It is important to consider these potential risks in light of the benefits counselling offers.

Appointments

* **48** **hour** cancellation policy. A $50 inconvenience fee will be charged for a no show, at the counsellor’s discretion.
* If you show up more than 15 minutes late, the counsellor reserves the right to consider this a no show.
* Payments can be made before or after session by Credit, e-transfer, (paypal.me/nofear), cheque, debit, or cash
* An Itemized receipt can be issued at your request for extended health and other purposes

I have read (or have had read to me) and understand the above informed consent

Client(s) Name(s): (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client 2 Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsellor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_