

# Informed Consent

## **WHAT IS CLINICAL COUNSELLING?**

Clinical counselling helps people improve their mental, emotional and physical health while encouraging positive relationships with self, others and the larger community. The building of a trusting and comfortable relationship between client(s) and counsellor is important as counselling may cover topics of distress, therefore questions or comments on the counselling process are invited at any time.

## **BENEFITS OF THERAPY:**

Therapy can help a person to gain a new understanding about his or her problems and to acquire new ways of coping with and solving those problems. Therapy can help a person to develop new skills and to change behaviour patterns. Therapy can contribute to an increased understanding of self and others.

## **RISKS OF THERAPY:**

While there are potential benefits to therapy, success is not guaranteed and there are potential risks. Therapy may stimulate memories, evoke strong feelings, and changes in awareness may alter one's self-perceptions and ways of relating to others. Sometimes clients will feel worse before they feel better. This is especially a concern for trauma clients. A person needs to understand that therapy is a process and you can continually discuss any concerns you are having with your therapist.

## **COMPLAINTS OR QUESTIONS:**

If you have a complaint or question, please feel welcome to talk to your counsellor first. If you would like to talk to someone else, you can contact the Clinical Director Carly Goodfellow on (604) 307-1068. Your counsellor will also provide the contact information for the registering body they belong to.

## **CONTACTING OTHER HEALTH PROFESSIONALS:**

It may be helpful or necessary for us to speak to other professionals who may be involved in aspects of your physical and emotional health. If this will be helpful for you, this will be done with your understanding the intent of such contact. You have the right to know what transpired in any conversations between your counsellor and other professionals. A separate form will be used if consent is requested.

## **LIMITS OF CONFIDENTIALITY:**

All matters discussed in counselling are strictly confidential with some limits where in a small number of extreme circumstances it is ethically and legally incumbent on every counsellor to break confidentiality. Your counsellor will discuss these circumstances with you in person. Exceptions are:

- When you may be a danger to yourself or others
- When there is suspicion or disclosure of abuse of vulnerable persons, such as a child or elderly person
- When records are subpoenaed by court order

Please note we will request yours and your doctor's contact information for our files. In the event that we feel risk towards yourself or another person is imminent our protocol is to call emergency services.

Every reasonable effort will be made to discuss these circumstances with you prior to the involvement of other professionals.

Storage and collection of client information is in accordance with the personal information protection act (PIPA) and in accordance with the guidelines of your counsellor's registering body.

**COUPLES AND FAMILY COUNSELLING:**

For these types of counselling, please understand that our policy is to "have no secrets" between the counsellor and the parties in the therapy. There is a separate agreement form for this that your counsellor will discuss with you in person. If you have concerns about this, please speak to your counsellor directly.

Sample Agreement: (please note that your counsellor will present a form for you to sign in office)

**Agreement**

- a. I/We consent to engage in clinical counseling/psychotherapy with \_\_\_\_\_. I/We understand that the process of therapy can evoke strong emotions or difficult memories and facilitate changes in self-awareness and different ways of relating to others. I/We know that we have the right to withdraw our consent at any time. I have the right to refuse particular counselling interventions.
- b. I/We have read, understood and agree with all the terms outlined in the informed consent agreement.
- c. I/We have read, understood and agree with Vida Relationship's appointment policies.

Date \_\_\_\_\_ Print name: \_\_\_\_\_ Sign: \_\_\_\_\_

Date \_\_\_\_\_ Print name: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_\_ Counsellor: \_\_\_\_\_ Sign: \_\_\_\_\_