



Shelley Coates Informed Consent

I am a Graduate of the Vancouver College of Counsellor Training in Vancouver. I am a full member of the Association of Cooperative Counselling Therapists. (Registration # 1021.) This professional body governs my practice, ensuring that I adhere to strict ethical guidelines, and brings my clients third party accountability.

As your therapist/counsellor, you honor me by sharing your life and growth with me. I will not hide myself behind silence or position and will have high regard for you as a person, and or couple. I will bring the best that I know from my study and experience. I will bring you the highest of my insight, wisdom.

I will keep a holistic perspective in our work together because I believe that the Physical, Spiritual, (mind, will, emotions) all work together to form the wholly healthy person and or couple.

You can expect truth from me even when you may not want to hear it. I will always have compassion and empathy for you in all that we do. I value you as a person in need of care. I will do my best to honor that.

1. My main influences in therapeutic technique are **The Developmental Model of Couples Therapy** also known as the Bader-Pearson Model, **Person-Centered**, and **Gestalt modalities**.
2. **Time Parameters: Individual** appointments are scheduled for **50-minute** segments. **Couples** therapy sessions are **120 minutes** or **90 minutes**. Being late for an appointment by 20 minutes or more may require that you reschedule.
3. **Confidentiality:** As a **Registered Master Therapeutic Counsellor** in the Province of British Columbia, I am bound by information obtained in the counselling session or in written form will not be disclosed to any outside person(s) or agency without your written permission except when such disclosure is necessary to **“protect you or someone else from imminent harm” or is otherwise legally required and/or allowed by law (such as abuse of a child, elder, or disabled person)records and may authorize release to other parties.**
4. **Risks:** In counselling, major life decisions are sometimes made, including decisions involving separation within families, development of other types of relationships, changing employment settings and changing lifestyles. The decisions are a legitimate outcome of the counselling experience as a result of an individual’s calling into question many of their beliefs and values. Furthermore, symptoms may be intensified and the emotional experience may be too intense to deal with at this time. I will be available to discuss any of your assumptions or possible negative side effects in our work together.

5. **Electronic Transmission:** I cannot ensure the confidentiality of any form of communication through electronic media. You are advised that any email sent to me via a computer in a work-place environment is legally accessible by an employer.

6. **Records:** I am required by law to maintain records of each time we meet or talk on the phone. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, I must comply. I can be called to testify about the contents of the records and I must comply.

7. **Consultation: Information about you may be discussed in confidence, without revealing your identity, with other counselling professionals for the purpose of consultation and providing you the best possible care.**

8. Fees and Payment will be collected at the time of service.

9. **Cancellation: If you find it necessary to cancel an appointment, please contact me at 604 828 1522 at least 24 hours in advance. Cancellations with less than 24 hours advance notice will be charged a \$80 no-show fee.**

The provider may also terminate counselling in the event the client has missed 3 appointments without calling to cancel 24 hours prior to the scheduled appointment.

10. **Emergencies:** If an emergency situation for which you feel immediate attention is necessary, please contact emergency services (911) immediately or go to your nearest hospital emergency room. Calls are returned during normal business hours.

11. Termination

Termination of counselling may occur any time and may be initiated by either the client or the therapist.

I request that if a decision is being made to terminate, there be a minimum of a seven-day notice in order that a final termination session(s) may be scheduled to explore the reasons for the termination. Termination itself can be a constructive, useful process. If any referral is warranted, it will be made at that time.

I have read, understood, agree, and consent to the above conditions of service stated. I have had the opportunity to ask questions about and understand the process of Therapy. Therefore, I will enter our relationship with optimism.

Client Signature

Date:

Counsellor Signature

Date:



Shelley Coates Intake Form (To be completed individually by all entering into Therapy)

Please read the following and circle yes or no.

Have you previously been involved in counselling/therapy? Yes No

Are you currently taking any medication? Yes No

Do you drink alcohol, use prescription pain-killers, sleep aids or non-prescription drugs? Yes No

Have you ever been hospitalized for mental health reasons? Yes No

Is there a history of mental health issues in your family? Yes No

Do you currently have thoughts of suicide? Yes No

Do you intend to carry them out? Yes No

Have you ever attempted suicide? Yes No

Have you ever been physically or emotionally abused? Yes No

Have you ever been sexually abused or assaulted? Yes No

Is there any violence in any of your relationships? Yes No

Please add any additional information which may be relevant:

Please Consult Counsellor Regarding Current Fee For Service.

For your convenience, I accept: Cheque, Cash and Major Credit Cards.

Please consult with your human resources department or your insurance company to determine whether your employee extended benefit plan covers therapy provided by Registered Therapeutic Counsellors. Receipts are given that may be eligible to reduce your income taxes.

III Authorization

I certify that I have read and understand the above information to the best of my knowledge. I certify that I have accurately answered the above questions.

I have read the above fee schedule and I accept full responsibility for payment of counselling fees.

Signature of Client (or parent of a minor) _____

Date _____