

Informed Consent Form for Counselling

Name of Client: _____ File # _____

Counselling services at WECHC:

- Individuals, families or couples meet one on one with a counsellor to identify goals for counselling and explore ways to work towards these goals
- We use a person-centred approach, meaning that you can work on what is important to you. Counselling requires effort on your part. In order to be most successful, you will need to work on things discussed outside of sessions.
- Up to 8 sessions will be offered.
- Regular sessions are 45-50 minutes in length.

Who will be providing services:

- Aside from the Rapid Assessment appointment, you will work with the same counsellor for each appointment
- Counselling works best if people feel they have a good relationship with their counsellor. By the end of the first few sessions, a plan for counselling will be created with your goals in mind. If you do not feel it is a good fit, or the counselling method is not helpful, we suggest that you talk about other options with your counsellor.
- If needed, and another counsellor is available through WECHC, you may ask for a transfer by talking to your counsellor or your health care provider. This may increase your wait time for future sessions.

Alternatives to having services:

- Counselling services at WECHC are voluntary. You can decide when to stop coming. However, this works best when decided along with your counsellor.
- Choosing to stop counselling at any point does not stop you from re-referring in the future.
- You may discuss other options with your health care provider or seek counselling services somewhere else.

Potential risks and side-effects of the service:

- Counselling can have both benefits and risks. Sometimes feelings, such as sadness, guilt, worry, anger, or frustration come up while talking about hard parts of your life. However, counselling can often be very helpful. Counselling can help people feel better, improve relationships, gain insight, learn ways to lower stress, and work to solve problems.

Expectations of clients:

- Please give us 24 hours notice if you need to cancel or reschedule your counselling appointment
- If 24hrs notice is not given the missed appointment will be counted towards your limit of 8 appointments.
- If you miss 2 appointments (without 24 giving hours notice) your file will be closed, but you can always re-refer
- Please call reception to re-schedule if you miss an appointment (this is your responsibility)
- Please make an appointment at least once every 2 months. (Your file will be closed if you have not had an appointment in 2 months).
- Please read the pages titled, "Rights and Expectations" and "Complaint Procedure" found on our website and ask us if you have any questions.
- **CUSTODY: If applicable, you provided information about custodial arrangements for your child. You will inform the counsellor/WECHC about any changes to child custody/access.**

Confidentiality:

- Your counselor will not approach you or discuss your personal information outside of counseling sessions. You are welcome to greet your counselor but please do not raise personal matters outside of your appointments.
- There are laws that require your counselor to keep notes about your appointment. The notes will include what was talked about during your appointment.
- These notes are kept with your medical record and can be read by your doctor and other health care providers involved in your care.

Your records will not be released to anyone else **unless:**

LIMITS TO CONFIDENTIALITY:

1. You threaten to harm yourself or someone else
2. Where there is a "Duty to Report" a child at risk of being harmed (under s.75 of the Child and Family Services Act, R.S.O. 1990)
3. If a Judge orders the information to be released
4. Your counselor discusses your case in clinical supervision and consultation. Our team of counsellors provides support to one another and receives support from highly experienced regulated health professions. During these consultations, your personal information may be discussed. When this occurs, the same principles of and limits to confidentiality exist.

Your signature below indicates that you have read this Service Agreement and agree to their terms.

Client Name (print): _____
First Name Last Name

Client Signature: _____ Date: ____ / ____ / ____
If Consent Given Verbally, state "verbal" in this space Month Day Year