

Consent for Service

This document outlines important details regarding the counselling services provided by Gary Hartford, Master of Counselling, Registered Clinical Counsellor #3581 with the British Columbia Association of Clinical Counsellors. By signing you are acknowledging you received and agree to the information contained in this document.

Gary Hartford provides counselling services to individuals, couples, and families. Counselling is provided through a narrative therapeutic orientation; however, other treatment modalities may be integrated into counselling services. These modalities include but are not limited to: Solution Focussed Therapy, Trauma Focussed Cognitive Behavioural Therapy, Motivational Interviewing, and Cognitive Behavioural Therapy.

Explanation of Counselling Costs and Benefits

Potential Benefits: new personal insights, new ways to cope, new ways to solve problems, new skills, changing unwanted behaviours

Potential Costs: evoking strong emotions, facing difficult memories, change in self-awareness, relating to others in new ways

Information:

- Information is gathered by the counsellor to facilitate meeting your counselling goals. This information is personal information contained on the intake form and written case notes, and may include documents from third parties such as assessments. All information is kept in accordance with the Freedom of Information and Protection of Privacy Act.

Access to Records

- If you would like to see your file you can request to do this by talking to your counsellor and filling out a form. File access is granted following the removal of all third party information. (I am required to follow the Freedom of Information and Protection of Privacy Act).

Consent to Form of Counselling

- You have a right to decline to participate in any form of counselling that you do not wish to participate in.
- You have a right to be consulted with about counselling goals and how those may be achieved in your situation.

Confidentiality:

- You are entitled to privacy and to expect that all communication and records will be kept confidential.
- I will only release information with your written permission or under a court order. I am, however, legally required to inform appropriate authorities in the case of child neglect or abuse, or the possibility of imminent danger to you or others.
- If you are under the age of 12 you are required to have the consent of your parent or guardian to receive services.
- Information may be shared with a colleague for clinical supervision and case management purposes.

Addressing concerns:

- If you have a concern with the service I provide please inform me directly—feedback is important.
- If you feel I have not adequately addressed your concern you have a right to file a complaint with the British Columbia Association of Clinical Counsellors by phone 1-800-909-6303 or by email hoffice@bc-counsellors.org

Fees:

- You agree to pay a fee of \$100 (plus tax) for each counselling session (approximately 1 hour).
- I agree to provide 24 hours notice of cancellation or pay for unattended sessions.

Signed: _____
Client

Date: _____

Signed: _____
Counsellor

Date: _____