



Informed Consent

Marty-Leigh Neufeld, MTC, RTC

Complete Presence Counselling
Delta B.C.

Phone: 778-384-5902

Email: marty@counsellingdelta.ca

Date: _____

Name: _____

Welcome to Complete Presence Counselling. This document contains important information about the services provided. Please read it carefully and note any questions you may have so we can discuss them during our first session together.

Signing this consent will constitute an agreement between you and I.

Qualifications and how I practise: I hold a Diploma in professional counselling from the Vancouver College of Counsellor Training. I am a registered therapeutic counsellor with the Association of Cooperative Counselling Therapists (Member #2183) This professional body governs my practise, ensuring I hold a strong ethical practise and this brings my clients third party accountability. I believe that our work together is most important done in the present and believe that our physical being works together with our will and emotions. I typically work with person centred, cognitive behaviour, gestalt and reality based models.



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Nature of counselling services: Counselling is a Process that is designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained counsellor who has the desire and willingness to help you accomplish your individual goals.

Counselling has both benefits and risks.

Counselling involves sharing sensitive, personal, and private information that may at times be stressful. During the course of therapy there may be periods where you feel uncomfortable (anxiety, confusion, or frustration) However the benefits can reduce these feelings of distress and better relationships, help in problem solving and coping abilities. It is my job to support you in this journey. The outcomes of counselling are generally positive, however the level of satisfaction for any individual is not predictable.

Record keeping: My notes are kept for the purpose of providing the best service I can to you, and providing a level of professional care. My client records are kept in an accurate and respectful manner and secured for client confidentiality.



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Confidentiality: Client/Counsellor communications are confidential in that records kept, and conversations between you and I will not be disclosed by me without your written consent. If, at your request, I agree to discuss your therapeutic process with another individual/agency/organization, I will first ask you to sign a “Release of Confidentiality” form. The law states that there are limits within the confidentiality standard and that should any of the following situations arise that confidentiality will be broken:

- If the client presents an imminent danger to self or others (the law requires steps be taken to prevent such harm)
- If a child is in need of protection (a report must be filed with the appropriate authority or agency)
- If a vulnerable adult is abused or neglected (a report may be filed with the appropriate government agency)
- If a court has ordered the disclosed of records.
- **Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.



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

Please note that information about you may be discussed in confidence, without revealing your identity, with other counselling professionals for the purpose of consultation and providing you with the best care possible.

Fees and cancellations: You agree to pay for counselling services provided to you at a rate of \$_____ per hour. Current payment methods are cash, cheque or electronic transfer only.

Appointment times are agreed upon jointly by the client and therapist. If you cannot attend a scheduled appointment you agree to attempt to contact me with at least 48hours notice. You understand that sessions that are cancelled less than 24hours notice will be billed to you at a full fee. You understand that you can leave a message at 778-384-5902 at any time to make, change or cancel an appointment.



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Termination: Termination may occur at any time and may be initiated by either the client or therapist. I request that if you are making a decision to terminate there is a minimum 7 day notice so we can schedule a termination session which can include reasoning, as termination itself is useful and beneficial to the therapy process it is important we make sure your needs for anything further (referral) if any can be addressed.

Your signature below indicates that you have read the information in this document, that you have understood it and that you agree to its terms.

Client signature: _____ **Date** _____

Counsellor signature: _____ **Date** _____