

Informed Consent

This is a form that provides information on the practice of counselling and the policies for counselling at Whole Body Health and Wellness. It is intended to help you make an informed decision about whether you would like to accept the service. If you have any questions or concerns while you read this form, please do not hesitate to ask. Do not sign the form until all of your questions and concerns have been addressed.

About Counselling

Counselling is a unique relationship that allows clients to explore their emotions and experiences with a non-judgemental professional. Counselling helps clients to improve their mental, physical, and emotional health, while encouraging positive change and growth.

Benefits of Counselling

Counselling can be beneficial in many different ways. Though not a comprehensive list, the following are some primary benefits:

- Gaining insight on difficulties in your life, both past and present
- Collaborative goal setting to promote positive change
- Increased self-awareness, self-esteem, and self-confidence
- Improved coping skills and life skills

Risks of Counselling

While counselling has many benefits, success cannot be guaranteed and a few risks must be noted. Some of the risks include:

- Resurfacing of painful, upsetting or traumatic memories
- Feeling strong emotions both in sessions and outside of sessions
- Changes in relationships can potentially occur as personal growth happens

Privacy

All information shared with the counsellor is private and confidential (see *Limits to Confidentiality* form). Your information will not be released to others without your signed permission. Please note that any communication through email or text is not secure and privacy cannot be guaranteed. While this counsellor does keep client files, they are kept on a secure and password protected computer program. You have the right to request a review of your file at any time.

Counselling Sessions

Individual and couples counselling sessions are typically 60 minutes in length at a rate of \$115 per session and \$130 per session, respectively. 30 minute sessions are also available at a rate of \$60. **24** hours notice is required for a cancellation; otherwise the full session fee will be owed.

The number of sessions required is individual to each client and is dependent on the nature and complexity of the client's concerns, the strength of the relationship between the client and counsellor, and the commitment to work on the presenting issues.

Role of the Counsellor

The relationship you have with your counsellor is different than other relationships. While you will be sharing personal details with your counsellor, you will know little about them. Some clients find this difficult, but please keep in mind that your counsellor is part of an association that has rules about the types of interactions they are allowed to have with clients.

As part of these rules, your counsellor:

- Cannot have any kind of romantic, friendship, or sexual relationship with a current or former client or any people close to a client
- Cannot give or receive gifts from clients
- Cannot accept invitations to or attend personal events of clients
- Cannot have any other kind of business relationship with you besides counselling itself.

Keeping in mind privacy and the confidential nature of counselling, your counsellor will not approach or acknowledge you in the community unless you initiate contact. This is not meant to be rude, but rather to protect your privacy.

Rights of the Client

As a client, it is important to remember that you have several rights that you are free to exercise. Your counsellor fully supports the following client rights:

- To be treated with respect and dignity
- To refuse particular counselling interventions
- To withdraw this consent at any time

If at any time you do not feel as though your rights are being respected, please do not hesitate to address your concerns with your counsellor.

I have read (or have had read to me)	and understand the information outlined in t	he Informed Consent
form. By signing below, I consent to	engage in a counselling relationship with Erin	MacLeod, MA, RCC.
Name (please print):		
Signature:	Date:	
Counsellor Signature:	Date:	