

Informed Consent Form

My Experience and Education: I am a Registered Therapeutic Counsellor specializing in Family and Community. I hold a Diploma in Professional Counselling, a Certificate in Intimacy in Relationships, and a Youth and Family worker Certificate. I am a member in good standing of the Association of Cooperative Counselling Therapists of Canada, a professional, competency based association that governs my practice, ensuring that I adhere to strict ethical guidelines, and brings my clients third party accountability.

My Therapeutic Approach:

Counsellor's signature Date

Goals of therapy: Therapeutic goals are set collaboratively with the client. Some common goals are increased self-awareness, improved communication skills, improved relationships, increased self-esteem, improved mood, positive lifestyle changes, etc.

Client's rights: Clients have the right to participate in the ongoing counselling plans, to refuse any recommended services, and to be advised of the consequences of such refusal. Clients have a right to access their counselling records. Disclosure to others of information from these records only occurs with the written consent of the client and/or when required by law.

Confidentiality and the Limits of Confidentiality: Counselling relationships and information resulting there from are kept confidential. However, there are the following exceptions to confidentiality:

- i) When disclosure is required to prevent clear and imminent danger to the client or others;
- ii) When legal requirements demand that confidential material be revealed:
- iii) When a child or one from the vulnerable sector is in need of protection.

I understand and accept the above stateme MacDonald.	nts and agree to enter into a counselling relationship with Kell
Client's signature Date	