



ALISA KLINE COUNSELLING SERVICES

Alisa Kline, Master of Arts, Counselling Psychology

Canadian Certified Counsellor #5471

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CONSENT FORM TO COUNSELLING ASSESSMENT AND TREATMENT

CONFIDENTIAL

Name _____

Date of Birth _____

Household family members: _____

Address _____

Contact Numbers:

(H) _____

(C) _____

(O) _____

Email address: _____

Privacy Considerations: _____

Family Physician: _____

Medications: _____

In case of emergency contact: _____

(H) _____ (C/O) _____



What is Clinical Counselling and my Therapeutic Approach

Counselling provides a space and opportunity for you to explore behavior, relationships, feelings, or thoughts that trouble you and cause difficulty in your life. The building of a trusting and comfortable relationship between client(s) and counsellor is important as counselling may cover topics of distress, therefore questions or comments on the counselling process are invited at any time. As your Counsellor it is my professional objective to collaboratively work together and guide you throughout the counselling process by emphasizing your abilities, strengths and resources within which to create possibilities for your desired outcomes and change. My therapeutic orientation is client –centered and solution-focused. I look forward to working together and welcome you to therapy.

Benefits of Therapy

Therapy can help a person to gain a new understanding about his or her problems and to acquire new ways of coping with and solving those problems. Therapy can help a person to develop new skills and to change behaviour patterns. Therapy can contribute to an increased understanding of self and others.

Risks of Therapy

While there are potential benefits to therapy, success is not guaranteed and there are potential risks. Therapy may stimulate memories, evoke strong feelings, and changes in awareness may alter one’s self-perceptions and ways of relating to others. Sometimes clients will feel worse before they feel better. This is especially a concern for trauma clients. A person needs to understand that therapy is a process and you can continually discuss any concerns you are having with your therapist.

Cybercounselling (E-Therapy, Chat, Video or Telephone)

Online counselling has become increasingly popular and has been shown to be as effective as in-person therapy. It is convenient for those whom are juggling busy work schedules or those whom live in rural areas. However it is not for everyone. If you are feeling suicidal or are in a situation involving domestic violence or are in a crisis situation, then online counselling is not for you. This can be assessed in an intake session. In this case you would benefit from more immediate face-to face counselling available in the community where you live or work.

Collection and Disclosure of Personal Information

In our work together personal information you provide will be kept confidential throughout and following the counseling relationship and will not be disclosed, except as follows:

Confidentiality and its Exceptions

- a. If there is a risk of harm to yourself or someone else;
- b. If there is a risk of harm to a child;

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- c. If your insurance company is paying for your therapy I am obliged to disclose information in accordance with your contract with the insurance company. I will make every effort to advise you of such disclosure before making it.
- d. For the purpose of complying with a legal order such as a subpoena, or if the disclosure is otherwise required or authorized by law.

The counselor may also disclose information for the purpose of a professional consultation, in which case your identity will remain confidential.

If you have any questions or concerns about how the counselor's personal information policies and procedures apply, please ask. Every reasonable effort will be made to discuss these circumstances with you prior to the involvement of other professionals.

Reviews, Referrals, and Endings

In counselling, it is your right at any time to:

- a. Request a review of your progress and anything relating to the contents of this form;
- b. Request and be provided with a referral to another counselor or health professional;
- c. Withdraw consent for the collection, use, or disclosure of your personal information, except where precluded by law;
- d. Advise the counselor that you wish to terminate the counseling relationship;
- e. Obtain or access a copy of the information in your counseling records, subject to legal requirements.

It is your right to have access to copies of treatment records taken during sessions at any time following the termination of the counseling relationship.

Concerns

Counselling concerns can be directed to myself, Alisa Kline by telephone or e-mail. My office hours are Monday to Friday between 9:00 a.m and 5:00p.m. Messages will be returned promptly within 24 hours. If you would like to talk to someone else, you can contact the Canadian Counselling Association at 1-(877)-765-5565. In case of emergency you may also call the Crisis Line.

Professional Fees

My hourly fee is \$120.00 for individuals and \$125.00 for couples/families (includes tax). Each session is an hour in length and a sliding fee may be available. Longer sessions are also available, charged at the above rate, when they are required. Telephone consultations, Chat, E-therapy and Video Conferencing are charged at the same rate. Payment is requested by cheque or cash for in-person at the end of each appointment. Payment for Cybercounselling Services is required in advance of the scheduled session by Paypal or Interac E-Transfer.

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Cancelled and/or missed appointments:

24 hours notice must be given for the cancellation of appointments otherwise, the full session fee will be charged. As there is a high demand for services, your time is reserved exclusively for you and therefore is not available to others.

Signature

My signature below confirms that I have read the above, had an opportunity to discuss it with the counselor, and had my questions answered to my satisfaction. It is on this basis that I agree to abide by its terms during our professional relationship.

I, _____ have read the above and understand the limits of confidentiality.

Should you want me to consult with another professional on your behalf you will be asked to sign a release form. Every effort will be made to give you as much access to what is reported as is possible.

_____ Name of Client	_____ Name of Counsellor	_____ Date Signed
_____ Signature of Client	_____ Signature of Counsellor	_____ Date Signed

If you are a parent seeking counseling for your adolescent or family counselling please sign below:

_____ Signature of Parent 1	_____ Signature of Parent 2	_____ Date Signed
Signature of Adolescent _____		