



## *Agreement for Counselling and Informed Consent* *Julia Sterne, MA, RCC #8086*

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In order to participate in counselling a client will be informed of the services being offered, the potential benefits and risks of counselling, the client's responsibilities, his or her rights in the counselling process, and the collection and protection of personal information.

### **Counselling Services**

My counsellor will keep me informed of the types of treatment or therapy he or she recommends. The services offered will be tailored to my particular needs. As such, as my needs change and services adjust my counsellor will inform me before treatment shifts. This will be an ongoing process, an open dialogue between myself and my counsellor, and I may ask questions concerning the services I receive.

### **Client Responsibilities**

I understand that counselling requires work from both the counsellor and the client. I will do my best to maintain appointments and show up prepared. I agree to pay my fee of \$110 (or adjusted rate) the day I receive services by cash or cheque. I understand the cancellation policy: To cancel, I must call 24 hours before my scheduled appointment or the full fee will be charged.

### **Benefits and Risks of Counselling**

In counselling I may benefit from learning new coping skills, gaining personal insight, forming healthier ways of relating to others, and/or overcoming unwanted behaviors. Counselling may come with risks. Opening up about my pain can sometimes lead to more pain initially such as unwanted thoughts, strong emotions or tension in relationships at home and at work.

### **PIPA (Personal Information Protection Act)**

"British Columbia's Personal Information Protection Act (PIPA) sets out the ground rules for how private sector and not-for-profit organizations may collect, use or disclose information about you."  
BC Ministry of Citizens' Services Guide to Personal Information Protection Act

### **Client Rights**

- As a client I have a right to ask questions about my counsellor's credentials, the services being provided to me, or any other questions about the counselling process.
- I have a right to end counselling at any time.
- I have a right to voice concerns or complaints to my counsellor. If necessary I have the right to inform the British Columbia Association of Clinical Counsellors of any unethical or unprofessional behavior by my counsellor.
- I have a right to request access to my personal information or request corrections to this information.
- I have the right to confidentiality as explained in PIPA:

## Confidentiality

I understand that, except for the following limitations, all information I share with my Counsellor is confidential. This means no information will be released to any third party without my explicit written consent. I understand the following exceptions to this confidentiality are:

- When there is a clear risk of substantial harm to myself or threat of harm towards another person, my Counsellor is ethically bound to disclose this information to the appropriate authorities.
- When there is reason to believe that a child or a vulnerable adult needs protection, such as where a child or vulnerable adult has been or is likely to be physically, sexually or emotionally harmed, abused or exploited, my Counsellor is legally bound to report the matter to appropriate authorities.
- When the court-of-law requires the release of personal information my Counsellor will disclose what is required.

If I have any questions or concerns about confidentiality I will ask my counsellor for clarification.

I, \_\_\_\_\_, have received a copy of the New Story Counselling Agreement for Counselling and Informed Consent. I understand my rights involved in the counselling process. I also understand the possible benefits and risks involved. I understand Julia Sterne, MA, RCC is bound by the British Columbia Association of Clinical Counsellors's Code of Ethical Conduct and Standards of Ethical Practice. I hereby give my consent for Julia Sterne to collect my personal information, protected by PIPA. I agree to the provided counselling services. I understand my right to withdraw consent and end counselling at any time.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

*(Use additional date and signature lines as necessary. If someone is signing in a representative capacity, such as a parent or a court-appointed guardian or conservator, such capacity should be stated and the person being represented should be specified).*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Counsellor \_\_\_\_\_ Date \_\_\_\_\_

