

Informed Consent for Counselling Services (Online and Face-To-Face)

Both face-to-face and distance counselling can help you to understand yourself and others better, improve your relationships, develop skills to address problems you encounter, reduce stress, and give you a better quality of life. Although results cannot be guaranteed, best results occur when appointments are scheduled and kept at regular intervals and when you involve a team of supporters (i.e. your doctor, family, friends etc.). NOTE: Please sign at the bottom of each page and check each box to indicate reading it.

Client Name:

Therapist: Kim Long, MC, CCC, R. Psych

SECTION A: CLIENT'S COMMITMENT

This section outlines the responsibility of "you" as the client. Please place your initials in the right column if you understand & agree to the terms & conditions.

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| <ul style="list-style-type: none"> • Please provide a minimum of 24 hours for cancelling or changing your appointment. | |
| <ul style="list-style-type: none"> • If you are unable to attend your appointment and do not provide 24 hours notice, you will be charged the session fee (unless it was an emergency i.e. illness etc.) | |
| <ul style="list-style-type: none"> • Although you will receive e-mail or telephone reminders, you are responsible for remembering the appointment in case the technology fails. | |
| <ul style="list-style-type: none"> • For online counselling, full payment (\$190.00) will be processed the morning of your scheduled appointment day. | |
| <ul style="list-style-type: none"> • Online counselling may not be appropriate if you are experiencing suicidal or homicidal thoughts. | |
| <ul style="list-style-type: none"> • You understand that therapy conducted online is technical in nature and that problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a third party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, you agree to call your therapist back at: 780-446-8634. | |
| <ul style="list-style-type: none"> • If you are unhappy with therapy, please let your therapist know so you can work together to modify goals or process or so a referral can be made to someone who can best serve your needs. | |
| <ul style="list-style-type: none"> • The therapeutic hour is 50 minutes. Your therapist will make every attempt to be punctual; however, there may be times when a client is in crisis during the session and needs additional time. As a result, your therapist may be late. In these cases, every effort will be made to provide a full 50 minute session or, if unable, you will only be charged for the portion of the session used. | |

END OF SECTION A

SECTION B: PURPOSE AND NATURE OF THERAPY

This section outlines what you can expect from therapy with your particular therapist. Please place your initials in the right column if you understand & agree to the terms & conditions.

- All therapists practice differently; what you've experienced in past therapy may not be what you experience now.
- Your therapist practices from the belief that all clients have strengths, and she is a fellow traveller on the therapeutic journey together. She believes that only you are the expert of you and you understand that you are responsible for any decision you make in your life.
- Each person in the relationship (you and your therapist) takes the responsibility of coming to session prepared to be open and honest with each other. You maintain the right to disclose information on your terms, when you are ready.
- There are benefits to the work you are about to do; for example, there is someone on the journey with you now, who is aware of where you want to go, but she is like a GPS – she knows many different ways to get there. You get to choose the destination and what stops are made along the way.
- There are risks to starting therapy; for example, as you approach uncomfortable issues, emotions may emerge that feel overwhelming. It's for you and your therapist to work together to ensure it is encountered in a manner that maintains health. You are aware that current relationships may change as a result.
- There are alternatives and complementary approaches to treatment, such as medications, meditation, homeopathy, yoga, etc. You and your therapist will work together when issues arise to access any additional supports that are needed.

END OF SECTION B

SECTION C: CONFIDENTIALITY

This section outlines the conditions of "you" as the client, and "Your therapist" as Kim Long. Please place your initials in the right column if you understand and agree to the terms & conditions.

- Information you disclose will be kept private, unless you give your therapist written consent to release it to a specified health professional. In the case of minor children, your child's therapist will discuss what information will be released to you and this agreement will be added to the minor client's file and e-mailed to you, using secure means. In addition, this type of clarifying document will be created if working with couples.
- If you indicate that you are abusing a child (or vulnerable adult) or have recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, your therapist is required by law to report this information to the appropriate social service and/or legal authorities. This includes unreported abuse where the perpetrator has access to children.
- If you disclose intentions or a plan to harm another person, your therapist is legally required to warn the intended victim and report this information to legal authorities.

- If you disclose or imply a plan for suicide, your therapist is required by law to notify legal authorities and make reasonable attempts to notify your family.
- Your therapist is legally obligated to release case notes of your sessions if they are subpoenaed by a court of law or when required by federal or provincial laws, rules, or regulations. This can include third party providers.
- In cases of dual guardianship, your therapist needs written consent from both parties before proceeding with any therapeutic supports.
- Therapeutic communication will be restricted to Janeapp, Hushmail, or any other encrypted email or chat service determined to be acceptable by your therapist. Your therapist keeps encrypted case notes of all sessions on digital file on a password protected computer or USB for seven years, after which they will be deleted.
- Email is not entirely secure and therefore confidentiality in this format may not be protected. Please keep personal email communication restricted to content related to appointment scheduling and, while you are welcome to include any information that you would like to have included in the next session, your therapist's response will be limited. This is for your protection, as your therapist believes body language and tone of voice are crucial aspects of communication to prevent harm. Any e-mail communication is added to your file.
- You understand that your therapist is available by e-mail or telephone during her working hours. She will attempt to respond to any e-mail during the week within 24-48 hours. However, from Friday to Sunday your therapist is unavailable and will not be checking messages.
- Unless both therapist and client are using landlines, privacy of telephone conversations cannot be protected. Your therapist does not communicate by text messaging.
- For therapeutic communication, you agree to take full responsibility for the security of any communications or treatment on your own computer and physical location. It is recommended you determine who might have access to your computer and electronic information from your location, as well as who might overhear your conversation, which might include supervisors, co-workers, family members, and friends. If your computer is networked with other computers, know that, unless precautions are taken, others may be able to access your information on the network. You understand you are solely responsible for maintaining the strict confidentiality of your user ID and password and not allow another person to use your user ID to access services.
- After our session, please ensure you complete the logout procedure (i.e. signing out, clearing cookies, etc.).
- You understand there will be no recording of any of the online sessions and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.
- To ensure best practice, your therapist engages in case conferencing among colleagues when needed. No identifying information is shared.

END OF SECTION C

SECTION D: DUAL RELATIONSHIPS

A dual relationship is one in which participants have two or more roles such as in the examples of a boss who is also a friend, and a spouse who is also a coworker. Not all dual relationships are unethical or avoidable.

This section outlines the state of "you" as the client, and "I" as Kim Long. Please place your initials in the right column if you understand and agree to the terms & conditions.

- Your therapist will avoid dual relationships. If they cannot be avoided, she will ensure dual relationships do not compromise her therapeutic judgment, objectivity, or effectiveness.
- Your therapist will never acknowledge the clinical relationship without your written consent, and in some cases, even with your permission she will preserve the nature of the working relationship.
- Your therapist will not respond to invitations from clients to connect on social networking sites, nor will she respond to internet postings of clients.

END OF SECTION D

SECTION E: EMERGENCY PROCEDURES

This section outlines the responsibility of "you" as the client. Please place your initials in the right column if you understand & agree to the terms & conditions.

- In the case of a life-threatening emergency, you agree to contact a crisis centre (780-482-HELP (4357)), 9-1-1, or go to a hospital emergency room. You understand that your therapist does NOT provide emergency services, but will want you to book an appointment as soon as possible after that crisis.
In the event of your therapist having an unplanned emergency, he or she will have made arrangements with an executor to take control of records and contact you about future care.

END OF SECTION E

Bookings: Once you submit your consent, you will receive a link to your Janeapp account where you will be able to request session times and access online, secure video-conference services, if you wish to use them.

Please print, sign (with an original or digital signature), and email (using encrypted email), to klong@dochaspsych.com a copy of this form prior to our first appointment or therapeutic correspondence.

You understand that you may withdraw your consent at anytime. Consent is required to release information from your file, using a separate form.

By signing you are indicating that you understand and agree to the above terms and conditions.

I have agreed to submit this policy by electronic means. By signing this policy electronically, I certify that I understand the questions and statements on this policy, I have read and understand the legal information, and I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature



K. Long, MC, CCC, R. Psych (4449,
Alberta)

Please note: This form was adapted from Wieser, J. (2015). "Distance Counselling Contract". Available at: http://counsellinggroup.org/wp-content/uploads/2015/02/09.09.2013.Internet_Counselling_Informed_Consent.pdf

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