



HEALTHY DIRECTIONS

POLICY, PROCEDURES AND INFORMED CONSENT FOR COUNSELLING/THERAPY

I am so glad you connected with me and are giving me the opportunity to help you. This form contains information that you should be aware of before deciding to engage in the counselling process. Please read the following pages carefully, particularly to the **Limits to Confidentiality, Fees, Risks and Benefits, Crisis Information** and ask for any clarification or discuss any concerns with me before making your decision. Your signature at the end will indicate that you have read, asked questions, and understood the information, and that you agreed to the terms.

MY QUALIFICATIONS

Individual and couple counselling/therapy services related to grief, loss and life transitions are offered. I have a Master of Social Work with Clinical Specialization and am authorized for psychosocial interventions as a Registered Social Worker with the Alberta College of Social Workers (ACSW license # 4273). I am a certified Thanatologist with the Association of Death Education and Counselling, a Clinical Hypnotherapist and Certified Mindfulness and Meditation Teacher. I have specialized training in grief, death, dying and bereavement, mindfulness, and trauma. I also have generalist skills and training in a variety of areas. With grief comes a variety of grief reactions. Reactions may include heightened anxiety/panic attacks, depressed feelings, increased stress, tension, physical illness and pain, emotional pain, fatigue, sleep disruption and much more. To understand and care for these reactions, I am guided and apply several therapeutic models and approaches to working with clients. These approaches include narrative therapy, various grief theories, spirituality/existential concepts, systems theory, trauma-sensitive mindfulness and meditation practices, cognitive behavioural therapy (CBT), solution-focused Therapy, clinical hypnosis, and Reiki as an adjunct/complimentary alternative therapy. I participate in ongoing professional development by attending seminars, conferences, trainings, supervision and peer consultation to ensure that my skills are current.

RISKS AND BENEFITS

Risks associated with counselling/therapy involves a degree in which you may experience uncomfortable emotions and sensations in your body as you talk about the grief/issues and aspects of your history that are concerning you. Counselling/Psychotherapy/is focused on facilitating change according to the goals you have set, and any change can affect a person's usual life routine and relationships. You may encounter some resistance from other people in your life because of the changes you make. **Benefits** may include living more effectively by developing skills to build increased resiliency to stressors and challenges. You may gain a more desired state of understanding of your thoughts, emotions, self and personal growth. You may experience relief from grief and trauma symptoms. You may also find you have healthier relationships with self and others in general.

SESSION FORMAT AND LENGTH

1st session assessment is typically 1.25 hours. Further sessions are typically 60 minutes in length. 50 minutes of therapeutic time and 10 minutes for review of progress, wellness/home-practice assignments, payment and arranging next appointment. Sessions are usually held In-person or Online. The number of sessions to attain your desired goal will be determined together with respect to your identified need.

COUNSELLING RELATIONSHIP BOUNDARIES

There are **professional relationship boundaries** in existence in our time together. I can only be your counsellor/therapist. I cannot be your friend. I am hoping that we will work together as a team as you have knowledge and expertise about your own life, and I have knowledge and expertise about the therapeutic process. Together we can work collaboratively to achieve your therapeutic goals. You may attend workshops or classes that I facilitate, in which I am in the role of Teacher/Facilitator and not therapist. I will never divulge that you are a client however, you are free to share that information if you wish.

Privacy & Social Media Boundary, if you encounter me in a public setting, I will not acknowledge or approach you, however, please feel free to acknowledge/approach me on your own terms. I will not disclose my role and our relationship unless you do so yourself. Guidelines regarding privacy and confidentiality do not allow me to accept requests for personal or professional connections on social media sites such as Facebook or LinkedIn etc. Though I may use social media sites as a form of advertisement and marketing clients are in no way obligated to participate in any of these forums

COMMUNICATION

I utilize text, telephone or email to schedule appts. After Sept 15, 2020 you will be able to schedule appointments on an Online scheduling program (JANE). During our time together, I may send an occasional email or text with relevant articles or resources that I came across that may be helpful. Please note that you are not obligated to respond or to read these items they are only optional.

I also send up to two times a month an automated Newsletter or blog to inform of information about therapy related topics and other programs and services that I offer. You are never obligated to read, respond, or participate. At present, **you can opt-in on this consent form (see final page)**. As of Sept 15, 2020, bookings will be made online and supported by JANE program management platform and you will be automatically added to my email distribution list however, you have the opportunity **to opt-out** of the above by unsubscribing at the bottom of the email you receive.

YOUR RIGHTS

Grief and therapeutic needs are unique, I will offer variety of treatment methods based on what I have learned about you, your presenting concern(s) and your preferred outcome. You may not know what is best for you at the time. You have the right to ask questions about my treatment approaches, so that you can make informed decisions about what methods feel more suitable and comfortable for you. My clinical philosophy is one that the client is the expert of their life and that they are always in choice regarding what feels right for them. You have the right to stop therapy if something about it is not working for you. If this should happen, I would appreciate your feedback about what is not working for you. If it is due to not being able to pay please discuss this with me so that we can make a temporary financial arrangement for you to continue to support achieving your outcome. I am also happy to offer referrals to community resources that offer financial assistance.

COUPLES THERAPY

If you and your partner decide to have individual sessions as part of the couple's therapy, those individual sessions will be considered to be part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions. Transparency is encouraged.

FEES/PAYMENT

Individuals- First appointments **1.25** hours at \$200.00. Ongoing In-person/Online 60-minute session is \$170.00.

Couples-First appointments are **1.5** hours at \$225.00. Ongoing In-person/Online 60 min sessions are \$200.00. If you wish to schedule a longer session, the fee will be adjusted accordingly.

Payment-is accepted by Visa, MasterCard, or E-transfer at the end of each session. A receipt will be provided. It is ***your responsibility to check*** with your insurance provider regarding coverage. You will pay the full fee and then seek reimbursement from the insurance company, **I do not direct bill** insurance. If you are accessing me through an employee assistance program (EAP) there will be no charge for you personally. I offer a sliding scale and student rates for those who have current financial challenges.

CONFIDENTIALITY AND LIMITS

Confidentiality is of the utmost importance in my counseling practice and it is an integral component of my services. All information, discussed in session, will be kept confidential with exceptions of specific legal and ethical limits (**see below**). Information is released only with the client's written consent and only to those individuals in need of information to provide care to the client.

The following are **exceptions** or **limits** to confidentiality in counseling as required by law.

- If there is imminent danger of a client seriously harming himself or herself
- If there is imminent danger of a client seriously harming someone else, the individual at risk from harm will need to be alerted.
- If there is any indication that a child is at risk from sexual, physical, emotional abuse and or neglect, Social Services will need to be notified immediately.
- If there is any indication of elder abuse/neglect
- In some cases, a file could be possibly subpoenaed by a court of law.
- In the case where a client has been abused by a health professional.

Your file, containing basic information and progress notes is strictly for the purpose of documenting your reported progress to goal attainment. Your file is stored in strict confidence. I keep session notes in a locked filing cabinet and only I have access. Any Digital files and electronic client data are kept in secure password safe locations. Clients are advised to be aware of the limits when using any technology. Due to the nature of digital technology, the complete security and privacy of E-communication cannot be guaranteed as information may be intercepted, lost, corrupted, or infected, or someone may access your computer.

HOURS OF SERVICE & IN CASE OF EMERGENCY/CRISIS

My general hours are Tuesday through Friday 10-6pm and Saturday 10-4pm. You may leave a voice or text message on my cell 403-608- 4240 at any hour; however, messages will be returned within two business days. Healthy directions **is not** a crisis service, in the event that you require immediate attention when I am not available, or if you are experiencing an immediate crisis you may call the Calgary Distress Centre at **403-266-HELP (4357)** or visit your local urgent care centre or emergency room or 911.

If I am away from the office, I will indicate that on my voicemail. If you experience an emergency and you are unable to reach me, you may contact the above crisis supports.

CANCELLATION AND MISSED SESSIONS

If it is necessary for you to cancel an appointment. Please do so 48 hours prior to your *scheduled session*. For appointments missed or cancelled with <48 hours notice will be charged **\$75.00**. Voice or Text Messages of cancellation may be left 24 hours a day at **403-608-4340**.

RECORD KEEPING

I will keep in a confidential file all the information concerning your goals and progress. You have a right to see your file during a session however when sessions have come to a close and goal is attained; your file will be kept for a minimum 10 years after a client turns 19 years of age. You will be able to access your file for a reasonable fee. Please allow for reasonable time for file to be provided. Should you become deceased your file and contents can not be released without legal process.

CONSENT FOR COUNSELLING

I have read, the *Policies and Informed Consent* form of Healthy Directions Counselling and Consulting Services, especially the **Confidentiality and the Limits, Cancellation Fee, Crisis information, Risks and Benefits**. I understand these policies and have had an opportunity to review and discuss them with the counsellor. I am asking Elizabeth Hides of Healthy Directions Counselling and Consulting Services to provide the following counselling service(s):

Individual Couple Family Individual Online Couple Online Group Online

Agreement on Fees: I have read the fees portion of this document and agree and provide my initial to the following agreed upon fee and cancellation fee:

- Free 15 min Consultation
- Individual Session-** Intake session (1.25hr @ \$200.00) Ongoing sessions (60 mins@ \$170.00)
- Couples/Family Sessions-** Intake Session (1.5hr@ \$225.00) Ongoing sessions \$200 (60mins
- Other Amount** per session \$_____ as agreed upon with counsellor due to temporary financial limitations
- I acknowledge there is a **\$75.00** late cancellation /missed session fee without **48** hrs notice

****OPT-IN for Communications:** By providing my email address below, I am providing consent for Elizabeth Hides of Healthy Directions to send me occasional emails that provide information about upcoming program services and updates and relevant information to counselling. I can unsubscribe at any time by sending an email with 'unsubscribe' in Subject box. Email

I agree to the above and wish to begin counselling.

Client Name: _____ Date: _____

Signature of Client: _____

Client Name: _____ Date: _____

Signature of Client: _____

Signature of Counsellor: _____ **Date:** _____

(Elizabeth Hides, MSW RSW CT)