Informed Consent Form

Welcome to Words of Hope Counselling. I am happy to be able to serve you and your family. Please read the following professional therapy/counselling service terms.

**What is Therapy/Counselling**

When you first come to therapy this is what you can expect:

- You will get relief from what is most troubling you, although the problems are not gone or resolved
- You will leave with a renewed sense of hope

After being in therapy for a while this is what you can expect:

- It’s a place where you explore and discover your life more thoroughly and while doing this you develop more control over your life.
- During therapy you and your therapist will talk but therapy is more about your thoughts, feelings and actions – looking at new perspectives, trying new ways of doing things, and making different choices.
- A therapist’s job is to work with you to examine your problems and help you understand what the underlying issue is, so that you learn new ways to think about things and as a result grow as an individual, couple or family.
- If in a major life crisis, a therapist will address that issue and support you through it providing direction and guidance.
- You will learn how to cope with life difficulties more effectively.
- You will be provided tools to help you learn to respond and act differently resulting in more rewarding outcomes
- You will be challenged at times to sit with your feelings (i.e. anger, grief, sadness, fear) in order to learn more about yourself
- You will learn that you need to determine your own worth and not allow other people’s judgments or criticisms to undermine you or your opinions.
- Therapy is a business relationship – I am not your friend, your lover, your partner, your mother, your child, etc. A therapist is a professional who is trained to listen to your thoughts/feelings, assist you to assess your circumstances, your beliefs and support you while you grow and change.
- The relationship is focused with direction, from the therapist to you. It is not a mutual relationship like a friendship would be, although if a therapist doesn’t have caring feelings towards you she won’t be effective in working with you.
A therapeutic relationship is one where the therapist is there to support you, not to share their own personal information with you, although at times if it relates to the issue at hand it can be helpful and therapeutic in the form of exhibiting understanding and empathy.

Confidentiality
Confidentiality is a high priority at Words of Hope Counselling. What this means to you as a client is that I will not disclose anything that is discussed within a session with anyone without your consent. There are some limitations to confidentiality that may require a release of information without consent. These are, if there is a risk of child abuse, if there is a risk of suicide and if there is a risk of homicide. In the case of couples counselling when individuals are seen separately, it is not always possible to maintain complete confidentiality with respect to the individual session(s) when couples sessions resume.

Sessions
Each session is 50 minutes, and we will usually meet once a week, bi-weekly or once a month depending on each unique circumstance. If you arrive part way through your allotted time, I will see you for the remainder of the time and you will be charged the regular session fee.

Fees
Fees are to be paid at the time of each session.
$130 per session.

Cancellations
At Words of Hope Counselling I understand that with today’s busy lifestyle you may periodically need to reschedule your sessions(s). In order to ensure that Words of Hope Counselling makes the best use of its time and provides service to as many people as possible, it is imperative should you need to reschedule a session you call at least 24 hours prior to your scheduled session time, otherwise you will be charged for ½ of your session fee.

Email/Voice Mail
I will return all emails or voice mails within 24 hours.

Accountability
I am registered with the Ontario College of Social Workers and Social Service Workers (OCSWSSW) and carry the designation “RSW”. I am accountable to a regulatory body that is administered by the Provincial Government to regulate the practice of Social Work in Ontario and to ensure that all registered members are competent and that they abide by a code of ethics and standards of practice set out by the regulatory body. For more information about the Ontario College of Social Workers and Social Service Workers (OCSWSSW) visit their website at www.ocswssw.org or contact them at 1-877-828-9380.

I have read the above and understand its contents. I agree to abide by the provisions set forth above.

________________________________________________________________________  __________________________________________________________________________
Client’s Signature                                            Date

________________________________________________________________________  __________________________________________________________________________
Therapist’s Signature                                         Date
Consent for Treatment of Minors:

I/We ______________________________ parent(s)/guardian(s) of _______________,

who is under the age of 19, grant permission to ______________________________ to
treat our daughter/son as a client.

Signature of Parent or Guardian: ___________________________  Date:  ________________

Signature of Therapist: ___________________________  Date:  ________________