Rosalyn Best, RCC, CAC, MoC, MEd Counselling for Middle and Older Generations *Living lighter, one story at a time...*

Intake & Informed Consent Form

Please note: any information you provide will be held in strictest confidence, and only will be shared upon your request (to your doctor, or other practitioner, for example). It will be retained for seven years after the end of our work together, and then destroyed. The only other limitation to confidentiality is if you indicate information that you pose a substantial risk of harm to others or to yourself, or to children, or if I were required by subpoena to provide specific information to a court of law.

Name:	Age:	Date of Birth:
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Contact Information

- Home Address:
 - Street & Apartment no. ______
 - City _____
 - Postal Code ______
- - Confidential messages ok at this number? ____Yes ____No
- Would you appreciate a reminder appointment message at that number?
 - ____ Yes ____ No
- When is the best time to reach you, if needed?_____
- Texts and email can be problematic regarding confidentiality. Knowing this,
 - Are texts okay? ____Yes ____No
 - What email address, if any, would you have me use?
- Please name an emergency contact I could use:
 - Name: ______ Relationship to you: ______
 - Their contact information: ______

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Intake & Informed Consent Form Today's Session

- What brings you in today?
- When did this concern start? ______
- What do you want out of today's session?
- Primary Goals for Therapy:

Personal/Background Information

- Current Relationship Status: _____ Name, age? _____
- Who is in your family? (dependents names, ages; family of origin; other important family people or pets; names I need to recognize)

- Occupation: _____
- Have you received counselling services before?
 - $\circ~$ The issue/goal at that time
 - What did you appreciate most about your session(s)?

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• What did you appreciate least about your session(s)? • Did you feel that the issue was resolved/goal achieved through that counselling? • What (if any) health concerns (diagnoses?) do you have? • Other agencies/mental health involved: Date of last physical exam: ______ • Have you attempted suicide in the last six months? ____ Yes No • Prescribed Medications (name, dosage, frequency): • Alternative Treatments, medications? • Alcohol and Tobacco Use: _____(drinks/week)_____(packs/week) • Anything else you feel I should know, for us to do our best work together?

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Referral Information:

- How did you learn about Ros Best Counselling (check all that apply)?
 - _____ Theravive (green, brown and orange website)
 - CounsellingBC (white with blue writing)
 - Psychology Today (white with blue writing)
 - _____ The British Columbia Association of Clinical Counsellors (BCACC)
 - _____ APABC (the Adlerian Professional Association of BC)
 - ____ Ros Best Counselling's website
 - Direct referral from my doctor
 - Direct referral from a family member or friend
 - o ____ Other
- If you were referred to me by a health care provider, medical centre or referral service/website, please identify the source of the referral so I can thank them. Your name and identity will remain confidential.

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Clinic Orientation

Welcome to Ros Best Counselling. My E. Kent Avenue home office is located on the third floor of the building, accessed by elevator. You will need to either "buzz" Clark/Best, or phone my cell, and I will let you up. The therapy room is private, just inside the front door; the bathroom is next to the therapy room. For clients with wheelchairs, we will work from the livingroom. Only the bathroom is problematic for wheelchairs.

Access to the W.Broadway office is up a flight of stairs to a Reception area. Most often, we will meet in Cypress Room, which I share with other therapists. In order to assure confidentiality, I keep W.Broadway sessions to 50 minutes, to avoid you meeting the next client in the hall. Washrooms are located just down the hall from the kitchen area and just before Cypress Room. For evening sessions, you may need to ring the doorbell and I will come down to the streetfront door to let you in.

□ Fee Payment and Cancellation Policy

Fees should be paid each session, by e-transfer, cash or by cheque (payable to Rosalyn Best) (\$130/50 or 60 minute hour for individuals; \$150 for couples or families, only available at the East Kent office). If your cheque were returned for insufficient funds, you are responsible for the original amount of the returned cheque and a \$25.00 service charge. Your counselling costs may be covered by your Extended Health Benefit plan.

An appointment is a commitment to the therapy. There will be a cancellation fee of \$60 for any session missed without 24 hours notice. Notice must be provided by text or voice mail/phone (cell, turned off at night: 778-834-1867). If you are late, we will probably not be able to meet for the full time. During vacation times, I will give you the name of another counsellor to contact in case of emergency.

□ WHAT IS CLINICAL COUNSELLING?

Clinical counselling helps people improve their mental, emotional and physical health while encouraging positive relationships with self, others and the larger community. The building of a trusting and comfortable relationship between client(s) and counsellor is essential; be picky in choosing someone with whom you feel a good fit. Questions or comments on the counselling process are invited at any time.

BENEFITS OF THERAPY:

Therapy can help a person gain a deeper understanding of their story and/or situation, and in so doing, develop more tolerance, joy, hope, and focus... and cope better with or resolve their problems. Typically, as clients perceive more nuances in their relationships, understand core meanings that underlie "trivial" frustrations, and tap into strengths (theirs and others'), they also tap into their innate wisdom in understanding "what is" and what they would like to do about it. They know how to move forward.

RISKS OF THERAPY:

While there are potential benefits to therapy, success is not guaranteed and there are potential risks. Some clients find it difficult to truly enter into the process of therapy; basically, it feels too "personal" to "go there". These clients may feel frustrated and wish for more direct instruction like they might expect at a doctor's office.

Therapy may stimulate memories and evoke strong feelings; sometimes clients will feel worse before they feel better. This is especially a concern if someone has experienced traumatic events. Clients need to understand that therapy is a process. It is the therapist's job to keep the client emotionally safe throughout that process, to notice

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and discuss if there doesn't seem to be progress, and, absolutely, the client is encouraged to discuss any frustrations they might be feeling about the process of therapy.

□ Therapy

Counselling requires a commitment of time, money, and energy, and it is therefore important that the client feel comfortable with me, their counsellor. Unlike visiting a doctor, counselling requires active involvement and efforts to be open, which may change thoughts, feelings, and behaviours. These changes may at times be swift and easy, but more often than not, they will be slow, frustrating and require consistent effort. When working on deeper issues, I find it best for clients to commit to at least 10 sessions, assuming that the client and I are satisfied that we have a good counselling "fit".

I will work with you to specify goals and methods of treatment, and we will review these regularly. Occasionally, it may be appropriate to invite to your session a family member or other person; they would be there solely for your support and progress, and only with your consent. You may wish to give me permission to consult with your doctor or any other practitioner you work with.

If you do not feel that you are progressing through our work together, we may discuss referral to an alternate qualified counselling practitioner, and would, with your consent, provide them with the essential information needed for your therapy to continue.

Contacting your Counsellor

If you need to reach me, you can do so using my cell phone (voicemail 24 hours) 778-834-1867. You can text, or email me at <u>rosbestcounselling@shaw.ca</u>, but please restrict content to matters you do not consider sensitive, given the nature of text and email. Please be sure to let me know if you need a reply, and if so, the best time/ whether or not the number/email guarantees confidentiality. If you are calling about an emergency and need immediate assistance, leave me a message, then dial 911 for emergency assistance. I do not use social media with clients, as recommended by my professional association.

Record Keeping

I take the confidential nature of our discussions seriously. All communications and records related to your counselling will be kept confidential. I maintain files for my own information so that I can help you in a planned and organized manner. These records are kept locked and at my home office premises. Please be advised that client files are kept for 7 years, in accordance with BCACC guidelines and BC privacy legislation (PIPA).

□ Therapist Consultation and Information Sharing

In order to provide the best possible service, I may consult another counsellor regarding my treatment plan/ our work together (Dr. Chris Shelley of the Adler Centre). Your identity would not be revealed, and all identifying features would not be mentioned.

Occasionally, it may be helpful for me to consult with your physician or other practitioner. In that instance, I would ask for your written consent and specifics as to what I would share. This consent will be time-limited and you may withdraw it at any time. There is a separate form we would use for this consent.

Q Release of Information without Consent

There are two situations in which I might release information or files about you even if I do not have your signed consent (all counsellors must respect these limitations to consent):

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- 1. If I am required by court order or statutes to release your file of given information, or to testify under a subpoena.
- 2. We are required to report to the proper authorities if we know of child or elder abuse or if there is the possibility of imminent physical harm to yourself or others.

□ Fee Agreement: We agree that the hourly fee for this counselling will be _____/

Vour Concerns and Rights

You may choose to discontinue counselling with me at any time. Also, I invite you to discuss any concerns that you may have regarding your counselling directly with me. If this is unsatisfactory, you can contact the BC Association of Clinical Counsellors at 250-595-4448.

I agree that I have had the above information explained to me. I have had the opportunity to discuss any concerns with Ros Best and understand its meaning.

Client Signature	Date
Client Signature	_ Date
Counsellor Signature	Date