

Ros Best Counselling

Rosalyn Best, RCC, CAC, MoC, MEd
Counselling for Middle and Older Generations

Living lighter, one story at a time...

Intake & Informed Consent – Form for Individuals

Please note: any information you provide here or in session will be held in strictest confidence, and only 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 limitations to confidentiality* are (1) if you indicate that you pose a substantial risk of harm to others (2) or to yourself, or (3) you name a vulnerable person (including children and the elderly) who is being abused or at imminent risk of being abused, or (4) if I were required by subpoena to provide specific information to a court of law. I am obliged by law to reach out for help in these situations and would reveal my source if required.

Name: _____ Age: _____ Date of Birth: _____

Contact Information

- Home Address:
 - Street & Apartment no. _____
 - City _____
 - Postal Code _____
- *The best number to reach me at is* _____ (cell/ other?)
 - *Confidential messages ok at this 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: _____
- After conclusion of therapy, do I have your permission to email you about upcoming retreats, articles I have written, or similar information (about 3 times/year)? Yes No
(You can change your mind on this at any time.)

Today's Session

- What brings you in today?

 - When did this concern start? _____

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- Primary Goals for Therapy:

Personal/Background Information

- Tell me about a few of your strengths?

- Current Relationship Status: _____ Their name, age? _____

- Who is in your family? Who is important for me to know, to understand your story?

- Tell me about your style (Profession, learning style, processing style and speed, preferences?):

- Have you received counselling services before?

- The issue/goal at that time

- What did you appreciate most about your session(s)?

- 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?

- Do you worry about your alcohol/substance use? If yes, please explain.

- Have you ever attempted suicide? ___ Yes ___ No

- How much/ how well do you sleep? (Reasons?) _____

- Is your appetite normal these days? _____

- Date of last physical exam: _____

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- Prescribed Medications (name and purpose, dosage, frequency):

- Alternative Treatments, medications?

- Anything else you feel I should know, for us to do our best work together?

Referral Information:

- How did you learn about Ros Best Counselling (check all that apply)?
 - ___ Theravive
 - ___ CounsellingBC
 - ___ The British Columbia Association of Clinical Counsellors (BCACC)
 - ___ Ros Best Counselling's website
 - ___ Google
 - ___ The Gottman Referral Network
 - ___ The ICEEFT EFT referral network
 - ___ Direct recommendation from my doctor
 - ___ Direct referral from a family member or friend
 - ___ APABC (the Adlerian Professional Association of BC)
 - ___ 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 living room. Only the bathroom is problematic for wheelchairs. Free underground visitor and street parking available.

Fee Payment and Cancellation Policy

\$140 per hour for individuals; for EMDR trauma treatment, I recommend 1 ½ hour sessions for \$210; for 1 ½ hour couple or family sessions (see the appropriate Intake form), my fee is \$240. Fees should be paid at the beginning of each session, by e-transfer (rosbestcounselling@shaw.ca), cash or by cheque (payable to Rosalyn Best). 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. An appointment is a commitment to therapy. If you are late, we will probably not be able to meet for the full time. There will be a cancellation fee of \$60 for any session missed without 24 hours’ notice.

Your counselling costs may be covered by your Extended Health Benefit plan. You are welcome to join the FACTBC counsellors’ campaign for there to be a College of Counselling Therapists, so doctors could refer you to counselling and so that more extended health benefit plans cover counselling costs. For Persons With Disabilities, or others on limited incomes, I offer a sliding scale.

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. We can use EMDR to process earlier traumas and free you from their painful charge. In couple therapy, we can create bonding moments and productive conversations, healing rifts and improving dynamics. In discussing elder care, I inform our work with current knowledge about typical aging vs dementia care. In all therapies, I take into account your learning/communication style and pace. You will feel empowered to move forward, more connected to your wisdom and strengths.

RISKS OF THERAPY:

While there are potential benefits to therapy, success is not guaranteed and there are potential risks. For example, as you grow, members of your family may have to adapt to the ‘new you’. Some clients find it difficult to find a therapist who is a good fit, making it really frustrating to engage in therapy; others may find it is the wrong time, right now it feels too hard to “go there”. Therapy may stimulate memories and evoke strong feelings; sometimes clients will feel worse before they feel better. *It is the therapist’s job to keep the client emotionally safe throughout*

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the process, to notice 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 therapy. Therapy is a process.

Therapy in General. Different counselling modalities I offer.

Counselling requires active involvement and efforts to be open. I will work with you to specify *goals and methods of treatment*, and we will review these regularly. You may ask me to consult with your doctor or any other practitioner you work with (a different form is required for this). If you feel that you are not progressing through our work together, we may discuss referral to an alternate qualified counselling practitioner, and I would, with your consent, provide them with the essential information needed for your therapy to continue.

For clients who wish to work on trauma, we will use EMDR (Eye Movement Desensitization and Reprocessing – similar to free association + mindfulness + distraction, if that makes any sense to you!). For clients who wish support - to find their own voice, to address grief and loss, chronic health problems, healthy aging, or to arrive at a decision, we will use basic talk therapy. For clients wishing to address their relationships, we will approach family and couples work from an attachment perspective, i.e. Sue Johnson's Emotionally Focussed (Couples / Family) Therapy, and may use Gottman's Sound Relationship House exercises to ground the work. *It is important to me that our work be evidence-informed.*

Contacting your Counsellor

To reach me: my cell phone number is 778-834-1867(voicemail or text), and email is rosbestcounselling@shaw.ca, but please restrict content to matters you do not consider sensitive, unless speaking directly with me. 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 written files of the content we discussed 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). You have the right to see your file (though I have never had anyone ask to do this).

Therapist Consultation and Information Sharing

In order to provide the best possible service, I may record our sessions together (see consent options at the end of this document). I use these recordings to reflect upon our work together, and occasionally may submit short excerpts for consultation with qualified colleagues. Your identity would not be revealed, and all identifying features not be mentioned. I destroy (reformat) these tapes as soon as I do not need them; they do not form part of your formal file.

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 (on separate form) and which specifics you want me to share. This consent will be time-limited and you may withdraw it at any time.

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):

- If I am required by court order or statutes to release parts of your file, or to testify under a subpoena.

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- 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.
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Your 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 and I understand its meaning. I have had the opportunity to discuss any concerns about this information with Ros Best.

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

Client Signature _____ Date _____

I do / I do not consent to Ros Best recording our sessions for personal professional purposes or for confidential consultation where my identity is not revealed. I am aware that Ros Best will destroy recordings when they are no longer needed, before or when my file is shredded after 7 years.

I do/ I do not consent to Ros Best emailing me with opportunities and articles after our therapy concludes.

Client Signature _____ Date _____

Counsellor Signature _____ Date _____