



Let's Talk About It.....

PSYCHOTHERAPY
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Informed Consent to Service & Limitations to Confidentiality

About This Form

*If you are seeking treatment for yourself and you are an adult (age 19 years and over in B.C.), then I require your informed consent and completion of this **form indicating that you have read and fully understood its contents** Read carefully & endorse the last page with your signature* If you would like a copy of this agreement do not hesitate to ask at any time during our therapeutic relationship.

My theoretical orientation is Person Centered / Client Centered focusing on the individual nature of all experiences. If you have any questions or would like more information about my approach I am open to discussion at any point during the therapy. At any time if I do not feel equipped to support you and your concerns I will immediately offer to make a refer to another practitioner who might better be able to serve you.

I am a Registered Clinical Counsellor. R.C.C., with the BC Association of Clinical Counsellors (BCACC), Certified with the Canadian Counselling & Psychotherapy Association as a CCC., as well as have a Masters Degree in Counselling Psychology. Before we can begin any therapy we will review the confidentiality agreement and its limitations. If you would like a copy of this agreement do not hesitate to ask at any time during our therapeutic relationship.

My education and training has prepared me to work with individuals during life transitions, anxiety, depression, self-esteem, trauma and interpersonal relationships. My theoretical orientation is Person Centered / Client Centered focusing on the individual nature of all experiences. If you have any questions or would like more information about my approach I am open to discussion at any point during the therapy. At any time if I do not feel equipped to support you and your concerns I will immediately offer to make a refer to another practitioner who might better be able to serve you.

WHAT TO EXPECT IN THE FIRST SESSION

In our first session(s), I will ask questions to try to get a sense of what brings you in to counselling / therapy. We will review this agreement and talk together about a plan for your time in therapy, and discuss what your goals are. I may ask you about things that you do not normally feel very comfortable thinking about, or feeling. You have the right to decide what you are comfortable sharing, and may choose not to discuss certain topics. Counselling is supportive, but it can also be challenging sometimes. Strong feelings may come to surface and this can be difficult initially but may uncover self- discovery.

THERAPY & RISKS

Therapy requires a relationship between two people with clearly defined rights & responsibilities held by each. Any psychotherapy has both benefits and risks.



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During the counselling process we are working together through feelings and emotions that may initially feel uncomfortable to you. It may be emotionally challenging to be the center of focus during therapy. Risks may include but are not limited to feelings of; anxiety, loneliness, sadness, guilt, anger and helplessness. Working through some of these feelings in an environment of non-judgment often leads to increased insight and greater personal awareness. There is also a risk is that others may be challenged to accommodate a stronger, more self-confident you, and not be accepting of the changes you are making.

Counselling has been shown to have benefits for those who are engaged in the process and commitment of the therapeutic relationship. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen.

Therapy requires a very active effort on your part. In order to be most successful, you will have to further explore what we discuss outside of sessions. However, you do have the right at any time to withdraw consent to counselling at any time.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. In accordance with the Personal Information Protection Act (PIPA) your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.

Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

OUT OF THE THERAPY CONTACT

In order to protect your confidentiality, I will not acknowledge you if we run into each other in public. You are welcome to approach me, however. You are free to talk about our professional relationship with whomever you choose. Our therapeutic relationship is in the counselling setting. To protect your confidentiality I will not discuss the nature of our sessions and regard you as an acquaintance.



CONFIDENTIALITY & LIMITATIONS

As my client, first and foremost, you have the right to complete confidentiality. This is the foundation of a safe and effective counselling relationship. You should be aware, however, that there are a few situations in which I cannot guarantee confidentiality, which are as follows. I would always let you know before taking any of the actions described below.

1. If I believe that you are at serious risk of suicide, I may legally break confidentiality in order to protect you. I would explore all other options with you before doing this, and if at that point you were unwilling to take steps to ensure your safety, I would have to take action to make sure that you were protected from harming yourself.
2. If you tell me that you are seriously planning to hurt or kill an identifiable person, and I have reason to believe that you will follow through with it, I am legally required to try to inform that person and protect them from harm. I must also inform the police of your intentions.
3. If you tell me about a child or dependent adult who is being abused or neglected, then I am legally required to take steps to protect that child or adult by reporting this information to child protection authorities.
4. If you are involved in a court case and a request is made for information about our work together, I may ask you for written consent to disclose the requested information. I may be required to disclose information without your consent, but I will do all that I can within the law to protect your confidentiality, and I will inform you of anything that I disclose.
5. If you request that I coordinate care with another care provider, I will get a signed release from you and discuss with you what information will be shared.
6. If you have a condition, which makes it dangerous to drive, and you continue to drive even though you are informed it's too dangerous (as per the Motor Vehicle Act).
7. If you report about the behaviour of another health professional which might cause danger or harm to them or someone else if it is not stopped.
8. Also be aware that if you agree to email/texting communications (scheduling appointments, other communications) between us, these in general should not be considered secure.
9. It is important for you to be aware that invoices that you may be submitting to a third party payer (example: to a parent or insurance company) will reflect whatever occurred: for example, whether the fee paid was for an in-person psychotherapy session, telephone or Skype session, late cancellation, or missed session.



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CONSULTATION & SUPERVISION

All information provided by you will be kept confidential, subject to common law and statutory exceptions. In the interest of continuing professional development and effective individual therapy, counselors and therapists, seek supervision regarding their work with clients. Periodically, I engage in peer consultation with colleagues or a supervisor who is bound by the same rules of confidentiality. Our work together and relationship may be discussed in this context, and that if I consult regarding your situation it is for the purpose of benefiting you and your confidentiality will be preserved. Identifying details are not shared in the course of consultation or supervision.

OUT OF OFFICE COMMUNICATION

Please do not use messaging on social media sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and contacting me in this way could compromise your confidentiality. I prefer using email only to arrange, confirm or modify appointments, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

CONTACTING ME

I am often not immediately available by telephone or texting. In the event that you do not reach me, you may leave a message on my confidential voice mail. I check my voice mail as my time allows, and return calls as promptly as possible on workdays (Monday through Friday). It may take longer on weekends.

If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, **1)** contact the BC Crisis Hotline at 604-872-3311 or **2)** go to your local hospital emergency room, or **3)** call 911.

If I am unavailable for an extended time, such as vacation, I will provide you with the name and phone number of the mental health professional covering my practice, if necessary, or this information will be on my telephone voice message.

OTHER RIGHTS

Please carefully consider the terms of this contract and feel free to discuss any of the agreements with me. It is important to understand that I will only provide services to you following obtaining your informed consent, which includes an understanding of your rights, and the benefits and risks associated with these services. By signing this contract, you and I will have agreed to fully participate in



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the services described unless we mutually agree to revise, or add to, any of the provisions, or until you choose to terminate the service.

You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you have a right to then file a written complaint against me with the Canadian Counselling & Psychotherapy Association.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and consent to the terms and conditions.

CLIENT #1

Client Signature

Printed Name of Client

Date: _____ Phone number best to reach you: _____
Please be aware of caller ID / Call display or Callback features

If this is a personal number can messages be left? (please circle) YES / NO

CLIENT #2

Client Signature

Printed Name of Client

Date: _____ Phone number best to reach you: _____
Please be aware of caller ID / Call display or Callback features

If this is a personal number can messages be left? (please circle) YES / NO



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