



GUIDANCE PROFESSIONAL SERVICES INC.

“Helping You NAVIGATE Through Life”

Creekside Professional Centre

#208, 4320-50th Avenue Red Deer, Alberta T4N 3Z6

Phone: 403-302-0031 Email: gpsinc@telus.net



INFORMED CONSENT

The purpose of this form is to share some important principles and policies, which guide my counselling process so that your decision to proceed in working with me can be based on accurate, informed expectations. Please read this carefully, or have it read for you, and feel free to ask any questions about what you have read or to have the information explained further. Informed consent is your complete and active participation in decisions that affect you and the freedom of choice based on the information shared. It is a continuous process and you have the right to refuse and/or withdraw from counselling at any time, although a termination session is highly recommended.

PROFESSIONAL DISCLOSURE STATEMENT

Qualifications:

I have a Bachelor of Business Administration Degree, a Bachelor of Education Degree, and a Master of Arts in Counselling Psychology. I am a full member of the Canadian Professional Counsellors Association with the designations, **Master Practitioner in Clinical Counselling (MPCC) and Registered Professional Counsellor (RPC)**. In addition, I am a voluntary member with the Canadian College of Professional Counsellors and Psychotherapists with the designation, **Canadian College of Professional Counsellors and Psychotherapists Registrant (CCPCPR)**. As well, I am a **Clinical Traumatologist (TITC-CT)** with the Traumatology Institute. Ongoing professional development includes journalistic and textbook readings and research, online and face-to-face workshops, consultation with colleagues and supervisors, and active participation in personal growth and awareness.

Nature of Counselling:

Counselling for me is a combination of therapies such as psychodynamic, attachment, cognitive-behavioural, and trauma-informed therapies, specifically Brainspotting as a body-brain modality for treatment, to provide clients with well-rounded therapeutic services. You are an individual and therefore unique, so therapy must meet these distinctive needs. Techniques may include active listening, self-awareness exercises, homework, psychoeducational discussions and readings, and record-keeping. I hold an unconditional positive regard of you and take a non-judgmental position, communicated via empathetic understanding. I consider your perspective and needs as the foundation for therapy. I believe you have the capacity and resilience to resolve your own problems and make your own decisions. However, from time to time, all of us need assistance, support, and direction so I will work with you to establish goals for your therapy. I believe the therapeutic relationship can significantly affect therapeutic outcomes.

Counselling Services:

Counselling varies, depending on the personalities of the counsellor and client, and the particular problems presented in each session. Counselling calls for an active effort on your part. In order to achieve therapeutic success, you have to work on your problem as discussed; in each session, and at home. Counselling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of our lives, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. However, counselling has also been shown to have benefits for people who do the work. Therapy can lead to better relationships, new ways to cope with or solve problems, development of new skills, significant reductions in feelings of distress, changes in unwanted behaviours, and improvement in self-esteem and awareness. But there are no guarantees of what you will experience. Counselling is a process of self-awareness. I normally conduct an evaluation that lasts between 1-2 sessions. By the end of the evaluation, I will be able to offer you some ideas of what our work will include, along with a treatment plan if you decide to continue with therapy. It is important for you to evaluate this information. Once therapy has begun, I will schedule one **50-minute session** per week (or more or less depending on your counselling needs and availability) at a time we agree on. If you have any questions about my procedures, techniques, or treatment plan, we can discuss them whenever they arise.

Confidentiality:

One of your most important rights as a client seeking counselling is confidentiality. Information revealed by you during counselling sessions will be kept strictly confidential and will not be revealed to any other person or agency without your written permission, **except** under the following circumstances:



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Duty to Warn: If an individual intends to take harmful, dangerous, or criminal action against another human being, or against himself or herself, it is the counsellor’s duty to warn the appropriate individuals or agencies of such intentions. Also, any actual or suspected acts of child, elder, or disabled person abuse will need to be reported to the appropriate individuals or agencies by the counsellor.

Court Order: When lawyers believe that a client’s counsellor may have valuable information for their case, they will subpoena her/his notes, records, and in some instances, even the counsellor themselves. In general, once a subpoena is served to a counsellor, it must be obeyed or the counsellor may be charged with contempt.

Record Keeping:

The laws and standards of my profession require that I keep client treatment records. I keep brief records, noting mainly that you have participated voluntarily in counselling, what interventions happened in session, and the topics we discussed. If you wish, you may receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by untrained readers. If you do want to see your records, I will ask that you review them with me at our next scheduled session so we can discuss the contents. You have the right to request that I correct any perceived errors in your file. I maintain your records in a secure location that only I can access.

Fee Schedule:

The hourly fee for counselling sessions is **\$125.00 per hour** for individual/couples/families. This fee is to be paid **before** the session on the same day. Sessions longer than the regular hour will be billed accordingly.

Client’s Rights:

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why we have decided to do what we are doing, and to look at alternatives that might work better. You can feel free to ask me to try something different, as well as refusing any counselling techniques. You are free to leave therapy at any point – though I would recommend that you participate in a termination session.

Missed or Cancelled Sessions:

It is your responsibility to inform me **no later than 24 hours prior to your session** if you have to reschedule. If you do not attend a scheduled session and/or do not cancel your session with sufficient notice, **you will be billed the full fee for the cancelled/missed session.** Missed or cancelled sessions have the potential to be problematic and to place undue stress on the therapeutic relationship. To protect that relationship, my policy concerning missed or cancelled sessions is adhered to without exception. All missed or cancelled sessions with less than 24-hours’ notice and **regardless of the reason, whether it be illness, emergency or inclement weather** will be billed the full fee.

A scheduled session is time reserved for your exclusive use. It remains your financial responsibility unless you release it for use by someone else by providing at least 24-hours’ notice of cancellation, which allows me to offer the time to another client. Occasionally, a client thinks an exception should be made; but a scheduled session is time purchased and reserved for you. It is the same as you purchasing and reserving a ticket for an event, which would have to be paid for even if you could not attend, for whatever reason.

Emergencies:

If you have an emergency, please contact your physician, local hospital, Crisis line **1-800-SUICIDE (784-2433)**, or **911**.

Acknowledgment and Consent: Your signature below indicates that you have read the above information, and understand the contents of this form. You agree that any questions you had about this consent form have been answered to your satisfaction, and you were provided a copy. You agree to accept the counselling services as offered.

Client Signature

Stephen Roberts, MA RPC MPCC CCPCPR TITC-CT

Date

Date