



## Agreement for Counselling and Informed Consent

Sonya Jakos, MA, CCC

In order to participate in counselling a client will be informed of the services being offered, the potential benefits and risks of counselling, the client's responsibilities, their rights in the counselling process, financial agreements, and the collection and protection of personal information. Informed consent is essential for clients and must be given voluntarily and knowingly.

### **Counselling and Therapeutic Process**

Therapy is a collaborative process, in which the client engages the support of a licensed mental health professional. The licensed professional utilizes their education and professional experience, however, the ultimate responsibility for improved functioning and wellbeing rests with the client(s). Sonya Jakos will keep me informed of the counselling modalities or therapy she recommends. The services offered will be tailored to my particular needs. As such, as my needs change and services adjust Sonya will inform me before treatment shifts. This will be an ongoing process, an open dialogue between myself and my counsellor, and I may ask questions concerning the counselling I receive.

### **Client Responsibilities**

I understand that counselling requires commitment from both the counsellor and the client. I will do my best to maintain appointments and show up prepared. I agree to pay my fee the day I receive services. I understand the cancellation policy. To cancel, I must email or text 24 hours before my scheduled appointment. Late cancellations (less than 24 hours) and no shows will be charged the full fee of time set aside for me. It will be my responsibility to check with my insurance provider regarding coverage for my appointments.

### **Fees:**

\$125 GST inclusive per 60 minute session, which includes time for administrative tasks; rates are subject to change.

Phone consultations with parents, caregivers, and professionals will be charged in 15 minute increments.

Any written correspondence, including emails, of a clinical nature, will be charged in 15 minute increments. There is no charge for administrative emails.

### **Benefits and Risks of Counselling**

Counselling provides a space and opportunity for people to explore behaviours, feelings, and thoughts, as well as intrapersonal and interpersonal dynamics. It is also a source of support when experiencing a crisis or during a difficult time.

In counselling I may benefit from learning new coping strategies, gaining personal awareness, practice healthier ways to relate to others, the processing of personal hardships and challenges and learn how to manage maladaptive behaviours or thoughts.

Counselling may come with risks, including, but not limited to the understanding that recalling and talking about emotional hurts, challenges or distressing events can initially sometimes lead to an intensity of emotion, unwanted thoughts, a change in mood, or increased tension in one's relationships. Counsellors work with clients to minimize the risks of counselling and maximize the benefits of counselling.

### **Crisis/Emergency Policy**

Please note that my practice does not provide emergency support. In the event of a crisis, emergency, or the need for immediate emotional support please contact a mental health support line, suicide crisis line at 1-800-784-2433, call 911, or go to your nearest emergency room. Texts are solely for administrative communication and when emailing me with urgent information please note that I might not be able to respond promptly.

### **Client Rights**

- As a client I have the right to ask questions about my counsellor's credentials, the services being provided to me, or any other questions about the counselling process.
- I have the right to end counselling at any time.
- I have the right to voice concerns or complaints to my counsellor. If necessary I have the right to inform the Canadian Counselling and Psychotherapy Association of any unethical or unprofessional behaviour by my counsellor.

- I have the right to request access to my personal information or request corrections to this information.
- I have the right to confidentiality. Policies and procedures are in place that are in compliance with the Personal Information Protection Act (PIPA). The online platform utilized for virtual sessions is an encrypted platform.

## **Confidentiality**

I understand that, except for the following limitations, all information I share with my counsellor is confidential. This means no information will be released to any third party without my explicit written consent. I understand the following exceptions to this confidentiality, in which my counsellor is ethically, professionally, and/or legally required to share information about me and/or my situation, without my written consent:

- When there is a clear risk of substantial harm to myself or threat of harm towards another person, my counsellor is ethically bound to disclose this information to appropriate authorities.
- When there is reason to believe that a child or a vulnerable adult needs protection, such as where a child or vulnerable adult has been or is likely to be physically, sexually, or emotionally harmed, abused, or exploited, my counsellor is legally bound to report the matter to appropriate authorities.
- When the court of law requires the release of personal information my counsellor will disclose what is required.

My counsellor has the right and obligation to seek consultation and supervision as part of best practice. This is done within the confidential space of individual or peer supervision. All identifying information will remain strictly confidential within the supervision or consultation.

If I have any questions or concerns about confidentiality I will ask my counsellor for clarification.

I, \_\_\_\_\_ understand my rights involved in the counselling process. I also understand the possible benefits and risks involved. I understand Sonya Jakos, MA, CCC is bound by the Canadian Counselling and Psychotherapy Association Code of Ethical Conduct and Standards of Ethical Practice. I hereby give my consent for Sonya Jakos to provide counselling services. I understand my right to withdraw consent and counselling at any time.

---

Client Name (printed)

Client Signature

Date

---

Signature of Counsellor

Date