

BERNADINE WALLIS COUNSELLING

Informed Consent

My name is Bernadine Wallis and if you prefer you can call me Berni. I have been a counsellor since 1996. I have a master's degree in educational psychology and I am registered with the Canadian Counselling and Psychotherapy Association. My first degree is in nursing and I am registered with the College of Registered Nurses of Manitoba. I am trained in many therapeutic techniques. I work with children and adults around many issues. If you have any questions about my education, experience or anything else please feel free to ask them.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. 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 mobile crisis unit or other crisis line 2) go to your Local Hospital Emergency Room or urgent care facility, or 3) call 911. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

Therapy Services

I will discuss with you the types of treatment or therapy I recommend. The services offered will be tailored to your particular needs. As your needs change and services adjust I will discuss options with you before treatment shifts. This will be an ongoing process, an open dialogue between you and me. You may ask questions concerning the services you receive.

Client Responsibilities

You understand that therapy requires work from both the therapist and the client.

You will:

- do your best to maintain appointments and show up prepared.
- agree to pay your fee the day you receive services.
- understand the cancellation policy. To cancel, you must call 24 hours before your scheduled appointment. Late cancellations (less than 24 hours) and no shows will be charged the full fee of time set aside for the appointment. It will be your responsibility to check with your insurance provider regarding coverage for your appointments.

Fees:

- \$120 per 50 minute session plus \$6.00 GST
- Letters: \$100/ letter
- Phone consultations with teachers / physicians, etc will be charged in 15 minute increments

Clients how choose to use a direct billing option to their insurance company when available will be charged an extra \$10.00 plus \$0.50 GST

Benefits and Risks of Therapy

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen.

Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

Client Rights

As a client you have the right to:

- ask questions about your therapist's credentials, the services being provided to you, or any other questions about the therapy process
- end therapy at any time
- voice concerns or complaints to your therapist. If necessary, you have the right to inform the Canadian Counselling and Psychotherapy Association of any unethical or unprofessional behaviour by your therapist.
- request access to your personal information or request corrections to this information.
- Confidentiality
- You have the right to view your records with adequate notice.
- All counselling records will be kept either in a locked filing cabinet, in a locked room or on an* EMR system or in an encrypted digital filing system.
- Records will be kept for at least 10 years after the last session and for children 10 years after their 18th birthday.

- If I should close my practice all files will be transferred to an encrypted digital filing system and secured in a safe deposit box with instructions for destruction by only authorized personnel.

Confidentiality

You understand that, except for the following limitations, all information you share with your therapist is confidential. This means no information will be released to any third party without your explicit written consent. I understand **the following exceptions to this confidentiality are:**

- When there is a clear risk of substantial harm to yourself or threat of harm towards another person, your Therapist 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, your Therapist is legally bound to report the matter to appropriate authorities.
- When the court of law requires the release of personal information your Therapist will disclose what is required.
- During therapist supervision my information may be discussed without identifying data for the purpose of identifying alternative treatment options.

If the client has any questions or concerns about confidentiality they will ask the therapist for clarification.

I, _____ understand my rights involved in the therapy process. I also understand the possible benefits and risks involved. I understand Bernadine Wallis, RN BN, M Ed 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 Bernadine Wallis to provide therapy services. I understand my right to withdraw consent and therapy at any time.

Client Name (printed) Client Signature

Date

Client Name (printed) Client Signature

Date

Signature of Therapist

Date