

Informed Consent

You have begun a journey that is a sign of strength and courage. It is a journey that can be very rewarding in growth and healing, though, at times, comes with difficulty.

Counselling is about awareness, change and healing. We, the therapist and client, will work together to clarify goals and navigate the pathway to those goals. Counselling often includes: gaining insight from our past experience/family life, bringing an awareness to client's thoughts, emotions and actions, giving tools to practice to transforming unhealthy forms of thinking & behavior to healthy forms, and at the core having a trustworthy relationship in which the client can share their experiences, thoughts and emotions (past & present) and feel safe to do so.

If at any point in the process of counselling you have questions or concerns, please share them within our session. The goal is for the counselling to be beneficial and if there is anything interfering with counselling, I would like the chance to resolve it with you.

Confidentiality: The confidentiality and privacy of your personal information is one of my highest priorities. Mental health professionals are prohibited by law from revealing to any other person what you have said without your permission. There are, however, limits to your rights under this law. In the following instances, your right to confidentiality is set aside and law and professional ethics require that information disclosed be revealed even without your permission.

- a) If your mental condition becomes an issue in a lawsuit.
- b) Cases of sexual, physical or severe emotional child or elder abuse.
- c) If a person states an intention to harm him/herself or others.

I may consult a supervisor in order to provide the best care possible. Your specific identity will not be disclosed during supervision. Supervision is only conducted with other qualified therapists or supervisors bound by these rules of confidentiality.

Records and Record Keeping: I will keep records in accordance with the ethical and legal standards of my profession. Records will be stored in a locked file cabinet or by a secured online practice management software system. Records will be kept for 7 years after you've terminated therapy.

Use of Practice Management Software: Cliniko software is fully secure, confidential, encrypted practice management software.

Email and digital correspondence: Please be aware that most email services cannot be guaranteed to be 100% confidential and secure. Use your best judgment when deciding to share private information with your therapist by email or other digital means. I use an email service with industry-standard security.

Fees:

The cost of a 60-minute individual therapy session is \$105.00 (including GST).

The cost of a 90-minute individual EMDR session is \$157.50 (including GST).

Telephone and email communication, or providing requested documents may be billable upon the discretion of the therapist, and will be discussed with you prior to any such communication.

Appointments:

If you are 15 or more minutes late for your appointment, without notice, it is considered cancelled. In the event that you must cancel/reschedule an appointment, it is crucial that your therapist be informed with 24-hour notice. If notice is not given, you, the client, assume full financial responsibility for the professional time that was reserved for you.

Contacting Your Therapist & Emergency Contact:

If you need to contact me, you may do so by phone or email. I generally return calls/emails within 24 hours. However, I am frequently unavailable to take a call or respond to an email immediately (I am not reliable to be available in an emergency or crisis). For emergencies or crises, please contact the 24 hr Klinik Crisis Line # 1-888-322-3019, Manitoba Suicide Prevention Line #1-877-435-7170, Winnipeg Adult Mobile Crisis Service # 204-940-1781 or 911.

Terminating Treatment:

It is your right to press pause or to end therapy at any time. I encourage you to discuss your decision in session, so that together we can discuss the progress you have made and explore ways in which you can continue your progress. And, if you wish or need be, we can discuss a referral.

I have read, understood and agree to the information, policies and fees outlined in this informed consent.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Alana Buller, M.A., C.C.C., Counselling Therapist
Whole Heart Counselling Therapy | 6 – 703 Corydon Ave, Winnipeg, MB R3M 0W4
Phone #204-295-6391 | Wholehearttherapy.ca | alana@wholehearttherapy.ca



Alana Buller, M.A., C.C.C., Counselling Therapist
Whole Heart Counselling Therapy | 6 – 703 Corydon Ave, Winnipeg, MB R3M 0W4
Phone #204-295-6391 | Wholehearttherapy.ca | alana@wholehearttherapy.ca