

## **I understand that I have the following rights with respect to mental health counselling**

- (1) I understand that Sarah Krauss draws on a wide variety of therapeutic techniques, including humanistic, relational and somatic-based methods, and will sometimes suggest exercises based in these varied methodologies. I have the right to withhold or withdraw consent at any time to all or part of this without affecting my right to future care or treatment.
- (2) The information disclosed by me during the course of my therapy is confidential. However, there are exceptions to confidentiality, including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards a victim; expression of a suicidal plan; legal subpoena. In addition, some confidential material may be discussed during practice supervision as is consistent with professional protocols.
- (3) I understand that I have a right to access my file and copies of records on request, as well as to request corrections, subject to reasonable notice.
- (4) I have a right to a receipt for counselling services on request, subject to reasonable notice.
- (5) If I have any questions or feel uncomfortable with the process of therapy, I understand that I have the right to bring this up in conversation. I may ask for a referral to another practitioner if I choose.
- (6) I understand that Sarah Krauss is a registered member of the Canadian Association of Counsellors and Psychotherapists and is subject to the code of ethics of this professional organization.
- (7) I understand that I have a right to file a complaint and that Sarah Krauss will provide the Associations's contact information to me and/or my authorized representative when requested.
- (8) I understand that Sarah Krauss retains a my records for a least 10 years from the date of the last interaction or for 10 years from my 18th birthday, whichever is later.

## **I understand that I have the following responsibilities with respect to mental health counselling:**

- (1) I recognize that therapy is a mutual process in which there is a shared responsibility for decision making and action toward healing, growth and realization of potential. My responsibility includes the recognition of my own agency and capacity for choice and the necessity that I be engaged in the creation, development and enactment of all therapeutic processes.

- (2) I agree be responsible for the fee of \$100.00 per session. I understand further that I will be given reasonable notice before any anticipated change of fees.
- (3) If my circumstances change I can discuss a change of fee. I agree to pay for services before the therapy session unless other arrangements are agreed upon.
- (4) I understand that there is a 24-hour cancellation notice requirement. I agree to be responsible for payment for any planned session I do not attend, if I have not given at least 24 hours notice. I understand that this does not apply to emergency situations, in which cases I agree to give as much notice as possible.
- (5) I will notify my therapist of my prescription medications and any changes in their usage.
- (6) I understand that if my psychotherapist believes that my needs are beyond the scope of his or her expertise, that I will accept a referral to another practitioner.
- (7) In the event that I am considering terminating treatment with my therapist, *I agree to attend at least one session to discuss it with my therapist* in person.

I have read and understand the information provided above, which has also been explained to me verbally.

I have discussed it and my questions have been answered to my satisfaction. I hereby consent to counselling with Sarah Krauss

\_\_\_\_\_ Signature of Client

\_\_\_\_\_ Signature of Counsellor

Date: \_\_\_\_\_

*Welcome to my practice.  
I sincerely commit to working with you to the best of my ability,  
so that your experience in counselling is deeply rewarding.*

## Contact Information

Name: \_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Referral Source: (if applicable)

Name:

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Contact Information:

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Reason for Referral:

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