

Conditions & Consent for Counselling Services

NAME OF CLIENT: _____

NAME(S) OF CLIENT'S PARENT(S)/LEGAL GUARDIAN(S) (for children/youth referrals only):

Roderick Taylor is a registered clinical social worker with the British Columbia College of Social Workers. The following outlines the conditions and obligations of Roderick Taylor, as well as your commitment and rights as someone who is purchasing his services. By signing below, you agree to the following conditions.

Rights and Risks:

- Roderick Taylor is obligated to explain all aspects of counselling services to you.
- You may ask questions about any aspect of the counseling process.
- Therapy may include talking about emotionally difficult topics.

Confidentiality:

- Any information that you share throughout the counselling process is confidential, aside from the following:
 - Pursuant to section 14 of the Child, Family & Community Service Act of British Columbia, any person who has reason to believe that a child requires protection from his or her parents/caregivers must promptly report the matter to the Ministry of Children and Family Development. This includes any information pertaining to suspected child abuse, which includes physical, emotional, and sexual abuse, as well as neglect. Please refer to section 13 of the Child, Family & Community Service Act for specific details regarding what constitutes a reportable child protection concern in British Columbia.
 - Information pertaining to potential harm to self or others **may** have to be reported to the child/youth's parents, the police, or emergency mental health services, depending on the nature and level of risk posed to self or others.
 - SPECIFIC information pertaining to a SERIOUS crime will be reported to the police.
 - All information and records pertaining to your counselling process can be provided to a provincial or federal court, should such records be subpoenaed.
 - Records pertaining to your counselling services will be kept on file for 9 years. After this, they will be destroyed.
- Aside from the aforementioned conditions, any information and records regarding your counselling process will not be released to ANYONE without your written consent.
- Roderick Taylor does **NOT** provide any letters of support, assessments, or summary reports unless requested by an insurance agency or formal institution/professional, such as a school or medical doctor. In the case where such is requested, the fee, if applicable, will be determined before said document is created.
- Roderick Taylor does NOT provide formal assessment or diagnosis in areas that fall outside of his expertise.

Appointments:

- All office visits are by appointment only and will be scheduled in advance by Roderick Taylor.
- Please arrive on time, as you use up part of your own session time when you arrive late for an appointment.
- The length of each counselling session is 60 minutes.
- Should your counselling session exceed 60 minutes, you will **NOT** be charged any extra rate.

- Late cancellation (less than 24 hour notice) *and/or* no-show appointments are billed to the client for the full amount.
- For all cancellations, please notify Roderick Taylor as soon as possible.

Fees:

- The fee for each counselling session is a sliding scale of \$150 to \$180 (taxes are not applicable). Clients are encouraged to pay what they think is appropriate within this range.
- The preferred method of payment is e-transfer; however, I do accept cash or cheque.
- Invoices are not provided. Each client receives an emailed pdf receipt after each payment has been made.
- You are responsible for all matters involving personal/employer health insurance.
- Receipts for counselling services will clearly state who the recipient and payer of services was.

I have read, understood, and agree to the above policies. A copy of this agreement can be provided, if requested.

SIGNATURE OF CLIENT/PARTICIPANT (If 12 years of age or older) : _____

DATE SIGNED (YYYY/MM/DD): _____

SIGNATURE OF PARENT/GUARDIAN (if client is under 12 years of age) : _____

DATE SIGNED (YYYY/MM/DD): _____