

## COUNSELLING CONTRACT

This document contains important information about my professional services and business policies. Please read it carefully and write down any questions you might have so that we can discuss them. When you sign this document, it represents an agreement between us.

### COUNSELLING SERVICES

There is no one-size-fits-all counselling. It varies according to the personalities involved and the nature of the problems brought forward. There are many different methods to deal with the problems that you hope to address. Counselling calls for an active effort on your part. In order for the counselling to be most successful, you may have to work on things we talk about both during our sessions and at home.

Counselling has benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counselling has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience, but I have hope that improvement is possible through the counselling process.

### OUR MEETINGS

Our first session will involve an evaluation of your needs. By the end of the first session, I will be able to offer you some first impressions of what our work could include if you decide to continue with therapy. You should evaluate this information along with your own opinion of whether you feel comfortable working with me. Counselling can involve a large commitment of time, money, and energy, so it is important to choose a counsellor with whom you feel you fit well. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another counsellor.

Sessions are typically 55 minutes and take place once every week or two. We can discuss and decide together how often we will meet. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **24 hours advance notice of cancellation** unless we both agree that you were unable to attend due to circumstances beyond your control.

## **ABOUT ME**

I am a Registered Clinical Counsellor with the BC Association of Clinical Counsellors (BCACC). My training and educational background include a Bachelor of Psychology and a Master of Theology with additional courses specializing in Clinical Counselling.

I have always loved coming alongside people to work through difficulties and toward wholeness and healing. I have several hundred hours of informal counselling and mentoring experience. As a believer in the Christian faith, I am able to use the Bible and prayer as part of the counselling process if you request it.

## **CONFIDENTIALITY**

Please be assured that the things that you tell me are private and will remain confidential unless:

- You give me permission to tell other people who may be able to help, such as other professionals or your loved ones.
- I evaluate that you may physically hurt yourself or someone else.
- You have given me critical information about child abuse or neglect or elder abuse.
- You inform me about any unresolved illegal/criminal activities.
- I am legally required by the court to release information.

If we accidentally meet in a public place, I will not greet you unless you initiate the interaction. This is because I value and respect your right to privacy. I will always act with your best interest in mind. In order to do so, I may occasionally find it helpful to consult other professionals about a case. If this occurs, I will not reveal your identity.

## **MINORS**

If you are under sixteen years of age, please be aware that the law may provide your parents the right to examine our clinical notes. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I may also provide them with a summary of your treatment when it is complete. Before giving them any information, I will do my best to discuss the matter with you, and together we can address any objections you may have with what I plan to share.

## **COUPLES**

Both partners must be present at our first meeting. Individual meetings with each partner may also be scheduled depending on the issues brought forward and if both partners are in agreement.

Please note my policy regarding secrets kept from one's partner: I reserve the right to disclose within the joint relationship any individually revealed information that is critical or detrimental to treatment. Such information may include but is not limited to extramarital affairs, contagious diseases, unsafe sexual behaviors, physical conditions, active substance addiction, and severe mental disorders.

## **PROFESSIONAL FEES, BILLING, AND PAYMENTS**

See separate Payment Agreement form.

## **CONTACTING ME**

Emails, phone calls, and texts are welcome. I do not communicate with clients over social media. As I do not answer the phone when I am with a client, I am often difficult to reach immediately. My voice mailbox is confidential, so please leave a message and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays.

## **REVIEWS, REFERRAL, & ENDING THERAPY**

In counselling it is your right to question any of the procedures used during therapy. I will happily explain my approach and methods to you. I will also keep written records of what we talk about for seven (7) years and you have the right to review these records and/or receive a copy during that time.

You may choose to end our counselling at any point in time, for any reason, without moral, legal, or financial obligations (other than those already incurred). Simply telling me ahead of time will help us to end well. If you suddenly stop coming to counselling, I may call or email you to make sure that you are okay. During the counselling experience if you have any concerns, please talk to me. If you have any concerns or complaints about me, you may direct them to the BC Association of Clinical Counsellors (see the complaint process on their website: [bc-counsellors.org](http://bc-counsellors.org)).

## **QUESTIONS?**

Do you have any more questions about consenting to counselling?

## OFFICE HOURS & LOCATION

Please call or email to arrange an appointment. My office hours are somewhat flexible on week days. My address is **5637 MacDonald Road**, Vernon BC, V1B 3L2. You are welcome to park on the grass beside the white lattice fence. Follow the path to the right of the garage around to my office.

## CLIENT CONTACT INFORMATION

My preferred method of contact is \_\_\_\_\_

- I give permission for Sandi to contact me by:
- |                                                  | Yes                      | No                       |
|--------------------------------------------------|--------------------------|--------------------------|
| • Phone _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Leaving a voice message at the above number(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Text - if different from above _____           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Email _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |

## SIGNATURES

By signing below, you are saying that you have read and understood this form and what it means in terms of your rights, confidentiality, and billing, and that you agree to receive counselling from Sandi Langston and Encounter Counselling Services.

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counsellor Signature: \_\_\_\_\_ Date: \_\_\_\_\_