

**JANE OSBORNE, M.A.**  
**CANADIAN CERTIFIED COUNSELLOR (C.C.C.)**

P.O. Box 225, Roberts Creek, B.C. V0N 2W0  
**604-740-7862**                      **osbmjane@gmail.com**

## **COUNSELLING CONSENT FORM**

This form outlines your rights and responsibilities as a counselling client.

### **The Counsellor**

I hold a Masters degree in Counselling Psychology from U.B.C. and am registered with the Canadian Counselling and Psychotherapy Association (CCPA)

I have provided counselling to youth and adults since 1990, combining traditional psychotherapy approaches with a Danish psychotherapy model integrating mind/ body learning. I have trained with the Gottman Institute in couples' counselling.

I work with a wide range of personal and relationship issues My approach is tailored to individual clients, focusing on helping clients to learn skills to live healthy and satisfying lives. I believe in building on core strengths and increasing inner resources to face life challenges.

### **Confidentiality**

Information you share with me is confidential.

There are, however, some exceptions to confidentiality which are:

1. If you share information that you may be a threat to yourself or others, or are in imminent danger.
2. If a child, under the age of 19, is or may be at risk of abuse or neglect, or in need of protection
3. If a legal order, such as a subpoena, requires disclosure
4. If the counsellor is audited by the Canada Revenue Agency

I will advise you if I have to break confidentiality for any of these reasons. I may also disclose information for the purposes of professional consultation, in which case your identity will remain confidential.

### **Personal Information**

Your file will be kept in a secure place and is kept for 7 years once contact has ended, unless you request otherwise. At the time of disposal files are shredded. You have right to request access to your file at anytime.

### **Participation**

You have a right to have a review of the counselling process, to ask questions and request explanations, and to refuse any intervention I suggest.

You have the right to end the counselling relationship with me, and I am happy and willing to provide any referrals to other resources if requested.

If you are working with another counsellor, please inform me as this helps both counsellors avoid confusion and conflict.

### **Appointments**

Appointments are for a set date, time, and length of session, and these arrangements can be changed with mutual agreement.

Please give 24 hour notice if you are unable to come to your session.

Depending on the circumstances, you may be billed for the session time if you miss an appointment without giving 24 hour notice.

I can be contacted at 604-740-7862 or by e-mail at [osbmjane@gmail.com](mailto:osbmjane@gmail.com)

### **Session Fees**

Individual: \$110 per 60-75 minutes

Couples:     \$125 per 60-75 minutes  
                  \$145 per 75-90 minutes

Note: it is preferable to allow for longer sessions for couples work. Sliding Fee scale options may be possible if finances are an issue.

Phone calls which involve counselling or consultations longer than 15 minutes may involve a fee.

Payment can be by cash, etransfer, or cheque at each session. You will be provided with a receipt. Fees are reviewed annually and I will give you advance notice of any changes.

### **Counselling Relationship**

The counselling relationship is a professional relationship. Social and business relations between the counsellor and client are not advised. Living in a smaller community presents some challenges in this regard, and often contact outside of the counselling office is inevitable. In these instances it is important for there to be no reference to, or discussion of, the counselling relationship or process between the counsellor and client outside of counselling sessions.

The signature on this page indicates I have read the above and have had an opportunity to discuss it with the counsellor.

Date \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Name of Client

2. Name of Client

\_\_\_\_\_

\_\_\_\_\_

Signature of Client

Signature of Client

\_\_\_\_\_

\_\_\_\_\_

Client phone number

Client phone number

\_\_\_\_\_  
Client address

\_\_\_\_\_  
Client address

\_\_\_\_\_  
Client email

\_\_\_\_\_  
Client email

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Date\_\_\_\_\_

\_\_\_\_\_  
Name of Counsellor

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

**Optional Medical information**

It is helpful if you are able to provide any information regarding medical conditions or illnesses: