**Cory Arthurs, MC, RCC**

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***Registration # 13104***

Greetings! It is a pleasure to have the opportunity to work with you. This form outlines information important to the work that we will be doing together. This document will be reviewed together, and I will be happy to answer any questions you may have.

**Informed Consent**

In working together, I hope to provide a safe, nurturing, and supportive environment for you share your story and empower you to achieve your potential. Your safety and comfort in this relationship is priority. My practice is informed by a variety of counselling approaches, which will fit differently for each individual, but each client has the following rights.

You have the right to:

* Get support, guidance, and healing for the concerns that you identify as most important.
* To develop goals for your therapeutic journey.
* To stop me, clarify, or question the therapeutic process at any time.
* To ask me questions about my approach or qualifications.
* Feel safe, respected, and supported.
* Feel comfortable working with the person you choose as your counsellor.
* To end or refuse treatment at any time.

I will make confidential notes about our sessions together, which will be added to your file. You have the right to view your file or ask questions about the contents of your file. Your file will be kept for 7 years after our last session, as per BCACC regulations. This is a collaborative journey, in which you have the right to direct and be supported in. You determine the number of sessions and frequency. I may provide suggestions, but it is always your choice.

**Appointments and Fees**

Fees for my services include an initial phone consultation. My individual session rate is $120.00+GST per 50 minute session, and I do have a sliding scale available on a case by case basis. Couples/Family session fees are $135.00+GST per 50 minute session, or $180.00+GST per 75 minutes session. Payment is expected at each appointment, by cash, cheque, e-transfer, or credit card (please note there is a 3% charge for credit card payments). I ask that you inform me of any cancellations at least 24 hours before the scheduled appointment. Unfortunately, the client is responsible for fees of any missed appointments. I will provide a receipt at each appointment, which you can use to submit for coverage for your benefit provider. Receipts are generally sent through email and require addition of your first name, last name, and email address into an online system. It is suggested that you check with your provider about coverage prior to commencing counselling.

To make an appointment, I can be reached by phone or email. I check voicemail and email daily, and will return your message as soon as I am first able. Please indicate if it is acceptable to leave a message or reply to the email directly. Clients will be informed of my planned absences (ie: holidays) in advance, and as soon as possible if any unforeseen absences arise. Please note that email and text messaging should be reserved for scheduling related issues only, and is not to be used to engage in exploring issues best suited to our counselling sessions. Email communication is not secure, and personal information could be breached. Occasionally, we may agree for therapeutic worksheets or information be sent to you via email. Similarly, every effort is made to provide secure options for virtual sessions (currently, Zoom), and breaches or difficulties with technological approaches are often beyond my control. Please indicate if email communication for scheduling or providing resources is acceptable to you. By signing here, you agree to the use of email when appropriate, and acknowledge the risks of using electronic communication/virtual connection. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality and Limits to Confidentiality**

What we talk about will remain private and confidential. No information about you will be provided to anyone without your written consent. There are **three** circumstances in which I am required by law to provide your information:

* Concern for abuse or neglect of a child/ren.
* Concern for harm to yourself, or others.
* Subpoena from the courts for your records.

As part of maintaining an ethical practice, I may consult with a supervisor about the therapeutic client work I am doing. This supervisor is also a registered professional, bound by the same confidentiality I am. My consultation with them is for my own learning and professional practice to ensure I am offering you the best care. If you have any concerns about this, I am happy to speak more specifically about this.

If you are requiring information to be shared with another party, I require a written Consent to Release Information. If you have any questions or concerns about your privacy, please feel free to ask me.

Please review this document as needed, and ask me any questions that may arise. Your signature below indicates your acceptance of these terms, and agreement to begin our therapeutic relationship.

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Signed (Client) Date

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Witness Date