

Ros Best Counselling

Rosalyn Best, RCC, CAC, MoC, MEd

Counselling for Middle and Older Generations

Living lighter, one story at a time...

Intake & Informed Consent Form

Please note: any information you provide will be held in strictest confidence, and only will be shared upon your request (to your doctor, or other practitioner, for example). It will be retained for seven years after the end of our work together, and then destroyed. The only other limitation to confidentiality is if you indicate information that you pose a substantial risk of harm to others or to yourself, or to children, or if I were required by subpoena to provide specific information to a court of law.

Name: _____ Date of Birth: _____

Contact Information

- Home Address: _____
- *The best number to reach me at is _____
(cell/home/business); Okay to leave a detailed message at this number?
(confidential) ___Yes ___No*
- *Would you appreciate a reminder appointment message at that number?
___ Yes ___ No*
- *When is the best time to reach you, if needed? _____*
- *Texts and email can be problematic regarding confidentiality. Knowing this,*
 - *Are texts okay? ___Yes ___No*
 - *What email address, if any, would you have me use?
_____*
- *Please name an emergency contact I could use:*
 - Name: _____ Relationship to you: _____
 - Their contact information: _____

Today's Session

- What brings you in today?

- When did this concern start? _____

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- What do you want out of today's session?

- Primary Goals for Therapy:

Personal/Background Information

- Current Relationship Status: _____ Name, age? _____
- Who is in your family? (dependents – names, ages; family of origin; other important family members)

- Occupation: _____

- Have you received counselling services before?

- The issue/goal at that time

- What did you appreciate most about your session(s)?

- What did you appreciate least about your session(s)?

- Did you feel that the issue was resolved/goal achieved through that counselling?

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- What (if any) health concerns (diagnoses?) do you have?

- Other agencies/mental health involved:

- Date of last physical exam: _____

- Have you attempted suicide in the last six months? ___ Yes ___ No

- Prescribed Medications (name, dosage, frequency):

- Alternative Treatments, medications?

- Alcohol and Tobacco Use:

_____ (drinks/week) _____ (packs/week)

- Marijuana Use? (frequency): _____

- Other Recreational Drug Use? _____

- Anything else you feel I should know, for us to do our best work together?

Referral Information:

- How did you learn about Ros Best Counselling?

- If you were referred to me by a health care provider, medical centre or referral service/website, please identify the source of the referral so I can thank them. Your name and identity will remain confidential.

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Clinic Orientation

Welcome to Ros Best Counselling. For my Richmond home office, you are welcome to either wait outside using the bay window garden seating, or let yourself in and use the waiting area seating in the main entrance. The bathroom is on the main floor, past the kitchen and dining room, first door to the left after the dining room. There is plenty of parking (90o parking) on the gravel in front of the house. The consulting room is wheelchair accessible for all but the largest chairs, and there are other spaces we can use that would accommodate larger chairs. Only the bathroom is problematic for wheelchairs.

Fee Payment and Cancellation Policy

The first consultation will involve considerable paperwork, review of documents, and getting a sense of goodness of fit. I offer this session for free. For subsequent weekly sessions, fees should be paid each session, in cash or by cheque (payable to Rosalyn Best) (\$130/60 minute hour). If your cheque were returned for insufficient funds, you are responsible for the original amount of the returned cheque and a \$25.00 service charge. Your counselling costs may be covered by your Extended Health Benefit plan, and are deemed an acceptable medical expense for income tax purposes.

An appointment is a commitment to the therapy. There will be a cancellation fee of \$60 for any session missed without 24 hours notice. Notice must be provided by text or voice mail/phone (cell, turned off at night: 778-834-1867). If you are late, we will probably not be able to meet for the full time, as it is likely that I have another appointment after yours. If you miss or are very late to sessions on a consistent basis, I will discuss this with you. During vacation times, I will give you the name of another counsellor to contact in case of emergency.

WHAT IS CLINICAL COUNSELLING?

Clinical counselling helps people improve their mental, emotional and physical health while encouraging positive relationships with self, others and the larger community. The building of a trusting and comfortable relationship between client(s) and counsellor is important as counselling may cover topics of distress, therefore questions or comments on the counselling process are invited at any time.

BENEFITS OF THERAPY:

Therapy can help a person to gain a new understanding about his or her problems and to acquire new ways of coping with and solving those problems. Therapy can help a person to develop new skills and to change behaviour patterns. Therapy can contribute to an increased understanding of self and others.

RISKS OF THERAPY:

While there are potential benefits to therapy, success is not guaranteed and there are potential risks. Therapy may stimulate memories, evoke strong feelings, and changes in awareness may alter one's self-perceptions and ways of relating to others. Sometimes clients will feel worse before they feel better. This is especially a concern if someone has experienced traumatic events. Clients need to understand that therapy is a process and you can continually discuss any concerns you are having with your therapist.

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Therapy

Counselling requires a commitment of time, money, and energy, and it is therefore important that you feel comfortable with your counsellor. Unlike visiting a doctor, counselling requires your active involvement and efforts to change your thoughts, feelings, and behaviours. These changes may at times be swift and easy, but more often than not, they will be slow, frustrating and require consistent effort. When working on deeper issues, I find it best for clients to commit to at least 10 sessions, assuming that the client and I are satisfied that we have a good counselling "fit".

I will work with you to specify goals and methods of treatment, and we will review these regularly.

Occasionally, it may be appropriate to invite to your session a family member or other person; they would be there solely for your support and progress, and only with your consent. You may wish to give me permission to consult with your doctor or any other practitioner you work with.

If you do not feel that you are progressing through our work together, I may refer you to alternate qualified counselling practitioners, and would, with your consent, provide him/her with the essential information needed for your therapy to continue.

Contacting your Counsellor

If you need to reach me, you can do so using my cell phone (voicemail 24 hours) 778-834-1867. You can text or email me at rosbestcounselling@shaw.ca, but please restrict content to matters you do not consider sensitive, given the nature of text and email. Please be sure to let me know if you need a reply, and if so, the best time/whether or not the number/email guarantees confidentiality. If you are calling about an emergency and need immediate assistance, leave me a message, then dial 911 for emergency assistance. I do not use social media with clients, as recommended by my professional association.

Record Keeping

I take the confidential nature of our discussions seriously. All communications and records related to your counselling will be kept confidential. I maintain files for my own information so that I can help you in a planned and organized manner. These records are kept locked and at my Richmond premises. Please be advised that client files are kept for 7 years, in accordance with BCACC guidelines and BC privacy legislation (PIPA).

Therapist Consultation and Information Sharing

In order to provide the best possible service, I may consult another counsellor regarding my treatment plan/ our work together (Dr. Chris Shelley of the Adler Centre). Your identity would not be revealed, and all identifying features would not be mentioned.

Occasionally, it may be helpful for me to consult with your physician or other practitioner. In that instance, I would ask for your written consent and specifics as to what I would share. This consent will be time-limited and you may withdraw it at any time. There is a separate form we would use for this consent.

Release of Information without Consent

There are two situations in which I might release information or files about you even if I do not have your signed consent (all counsellors must respect these limitations to consent):

1. If I am required by court order or statutes to release your file of given information, or to testify under a subpoena.
2. We are required to report to the proper authorities if we know of child or elder abuse or if there is the possibility of imminent physical harm to yourself or others.

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Your Concerns and Rights

You may choose to discontinue counselling with me at any time. Also, I invite you to discuss any concerns that you may have regarding your counselling directly with me. If this is unsatisfactory, you can contact the BC Association of Clinical Counsellors at 250-595-4448.

I agree that I have had the above information explained to me. I have had the opportunity to discuss any concerns with Ros Best and understand its meaning.

Client Signature _____ Date _____

Client Signature _____ Date _____

Counsellor Signature _____ Date _____