



## ***Guiding Light Counselling***

Phone: 709-800-6230

Address: 1604 Portugal Cove Road, PC-SP, A1M 3G7

Website: [www.guidinglightcounselling.ca](http://www.guidinglightcounselling.ca)

Email: [sabrina@guidinglightcounselling.ca](mailto:sabrina@guidinglightcounselling.ca)

## ***Welcome to Guiding Light Counselling!***

### ***What is Counselling?***

Counselling is a very individual process that is different for everyone. However, some common experiences and goals might include, but are not limited to:

- A safe environment to work on emotional, cognitive, behavioural, and relational issues;
- Develop skills to assist you in reaching your therapeutic goals;
- Feel a sense of support from your therapist and build a healthy working relationship;
- Develop self-care practices that fulfil you and contribute to overall positive well-being;
- Understand more about yourself and your family system;
- Identify and explore thoughts, feelings, and behaviours that may be holding you back from the life you want to live
- Learn how to improve relationships with others and yourself.

### ***Counselling Risks and Benefits***

Counselling is different than talking to a friend or family member. Our conversations have a specific goal(s), and although I will be supportive, I may also challenge you. Sometimes you might feel annoyed, tired or upset during or after a session. This can happen as you are processing new ways of thinking or because you've spoken about something that's been upsetting to you.

#### ***Possible Benefits***

- Improve personal relationships
- A better understanding of your personal goals and values
- Resolution of specific problems you are facing in your life

#### ***Possible Risks***

- You may remember unpleasant events or experience which creates feelings of anger, fear, anxiety, sadness, frustration, loneliness, helplessness, or other unpleasant feelings. It is normal to have intense feelings and reactions; these are understandable emotions that should be discussed and processed in counselling.

### ***The Therapeutic Relationship***

A therapeutic relationship is different than other relationships. You will be sharing important details about your life but will know little about me. This can be difficult sometimes, but I am part of an association that has rules about the types of interactions I can have with clients. Because I am concerned with protecting your confidentiality, I do not connect with clients through social media and



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I will not approach or acknowledge you if I see you in the community, unless you make first contact. Finally, if you are not comfortable with me as your counsellor, you have the right to request a referral.

### ***Record Keeping***

All paper files will be double locked in a cabinet that only I can access. Electronic files are kept on a computer that is password protected. At any time if you would like to see what is written, please submit this request in writing. If you require changes to be made, we can discuss how this can be done.

### ***Fees, Cancellations, Time Changes and Missed Sessions:***

- My regular fee for a 50-minute session is \$100. This also includes after session documentation and follow-up correspondence up to 15-minutes.
- I am not currently paneled with any insurance companies. Therefore, you will be responsible for full payment at each session via cash, cheque, or e-mail transfer.
- I can provide you with a statement which documents my fees and the payments you have made which you can then submit to your insurance provider for reimbursement.
- If you cancel an appointment for any reason, including illness, with less than 24 hours notice, you will be responsible for paying 1/2 of my full fee (\$50).

### ***You Have Many Rights, Including:***

- ❖ The right to feel safe and not judged;
- ❖ To be informed of fee structure, treatment expectations and treatment plan;
- ❖ To have all shared information be kept in the strictest confidence possible;
- ❖ To be treated with respect, dignity, and without discrimination regardless of your age, gender, mental and physical status, sexual orientation, race, belief system, or ethnic background;
- ❖ You have the right to ask questions at any time;
- ❖ You have the right to be advised as to the limits of therapeutic service;
- ❖ You have the right to stop treatment at any time;
- ❖ You have the right to view your file notes and to know what is being recorded about you



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### *Confidentiality:*

#### **You have the expectation of privacy in counselling with the following limitations:**

- When a client threatens to harm him/herself, someone else or cause damage to property. In this case, your statements and/or behaviours may be reported to family, other appropriate mental health or law enforcement professionals to keep you and others safe;
- When a file or therapist receives a court subpoena;
- When the therapist has reason to believe that a child under the age of 16 years old has been, is, or will be at risk for abuse and/or neglect;
- When the therapist has reason to believe that a dependent adult is being abused;
- If you request disclosure;
- Consultation: On occasion, the case consultation model with other professionals is utilized. In these situations, no identifying information is revealed, information shared is in the best interest of the client and participants are bound by their professional ethics and standards of their discipline.

I have read the Informed Consent document, had sufficient time to consider it carefully, asked any questions that I needed to, and understand the limits to confidentiality required by law and those indicated by my counsellor.

I am over the age of eighteen.

Client Name (Please Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

I, \_\_\_\_\_, have discussed the issues within this consent with my client.

My observations of this person's behaviour and responses indicate that this person understands the rules and provisions of group membership as set out above and is competent to give informed and willing consent at this time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_