CONSENT TO INDIVIDUAL SESSIONS AT RESTORATIVE COUNSELLING

Please Submit to intake@restwp.com

(250) 619-0901

If you require one-to-one support:

Our services are primarily group based, but we do have a small number of weekly appointments available with our team for individual support as needed. These appointment spaces are prioritized for group participants, and then remaining spaces are open to clients in need of sessions.

Do you have coverage for counselling?
If you have coverage under extended benefits or through the First Nations Health Authority, you can have your sessions covered with one of our registered clinical counsellors (RCC's), or our social worker (MSW). The type of services covered by your benefit plan can be determined by contacting the benefit company or looking at your benefit documentation. Both RCC's and MSW's are covered by First Nations Health Authority (FNHA) for Indigenous clients.

Session fees start at $136.50/ 50 minute session.

Sliding Scale Options – Coaching Sessions

If there is dire financial need and a good reason for needing support outside of group offerings that are available for low-income clients, you can speak with our intake team about finding a rate that is affordable for you (this may entail disclosing some financial information).

If you need to pay privately and are facing financial hardship, group therapy is the most flexible and cost effective way of getting support. However, we do offer coaching sessions with our team members that have extensive experience in the field of mental health and addictions for a reduced fee. These team members may also have availability outside of regular business hours to accommodate your schedule if our clinicians are not available in the time(s) you need.

Description of Coaching: Coaching is partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential. It is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.

While our coaches do have experience and skill in offering support, it is important to note that they are not licenced and registered with a governing professional organization, and they are therefore not covered by extended benefits.

_____
Initial that you have read the above section **if you wish to access coaching** over clinical counselling.

Understanding the Counsellor - Client or Coach - Client Relationship

A. Client is solely responsible for creating and implementing his/her own physical, mental and emotional well-being, decisions, choices, actions and results arising out of or resulting from the work done in sessions. As such, the Client agrees that the Counsellor or Coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. Client understands coaching is not technically designated as therapy and does not substitute for clinical therapy if needed, and does not claim to prevent, cure, or treat any mental disorder or medical disease on it's own.

B. Client further acknowledges that he/she may terminate or discontinue the counselling or coaching relationship at any time, or request a new service provider.

C. Client acknowledges that counselling and coaching do not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals. If additional support is required to treat mental health, clinical group offerings are available upon request.

D. If you are in crisis, please be advised that we are not a crisis service. Our team are not able to be responsive to texts and phone calls between scheduled sessions. If you are in distress, please contact the Crisis Line at 1-888-494-3888 or 1-800-784-2433 or make your way to the nearest emergency department.

Cancelled and/or missed appointments:

24 hours' notice must be given for the cancellation of appointments, otherwise the full session fee will be charged. As there is a high demand for services, your time is reserved exclusively for you and therefore is not available to others.

LIMITS OF CONFIDENTIALITY:

Information about individual sessions will not be released to anyone without your informed, voluntary, and written consent.

EXCEPTIONS ARE:

- When you may be a danger to yourself or others
- When there is suspicion or disclosure of abuse of vulnerable persons, such as a child or elderly person
- When records are subpoenaed by court order

Every reasonable effort will be made to discuss these circumstances with you prior to the involvement of other professionals.

An additional exception may be made if the counselling is being paid for by a third party (such as an EAP). This will be discussed with you at the onset of counselling,

Initial _____

Consent to Release Information

In the event of an emergency, or should your counsellor determine you are at risk, please provide the name of an emergency contact person that can be contact and collaborated with to ensure your safety. All information shared with this person will be discussed with you in advance, or with you present.

Initial here to consent _____

Emergency Contact Name: _____ Phone: _____

CONTACTING OTHER HEALTH PROFESSIONALS:

It may be helpful or necessary for our team to speak to other professionals who may be involved in aspects of your physical and emotional health. Wherever possible, this will be done with your understanding the intent of such contact. You have the right to know what transpired in any conversations between your counsellor and other professionals.

***PLEASE CONFIRM BY INITIALLING HERE THAT YOU GIVE YOUR PERMISSION FOR ME TO GIVE UPDATES, RECEIVE INFORMATION AND/OR DISCUSS YOUR CASE WITH THESE PROFESSIONALS**

INITIALS: _____

Other professionals involved in my health care are (ex. Dr's, SW's, other therapist's):

NAME:	**CONTACT:**

Were you referred by your Dr. or an agency? YES ____ NO ____

If you give permission for us to acknowledge this referral with the referring Dr. or agency, etc., please initial: _____

Please provide your cell phone number and initial here indicating if you are requesting to engage in text message communication and confirming that you understand the risks to privacy:

Cell Phone Number for text messages: _____ Initial: _____

I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE.

_____ Date: _____
Client (1)

_____ Date: _____
Client (2)

_____ Date: _____
RWP Clinician or Coach