



# MOOD Counselling

301-220 Brew Street

Port Moody, BC, V3H 0H6

Please review and fill out, if you have any question, your therapist is here to help.

## **CONTACT REGISTRATION**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ( age) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May a message be left at this number? Yes  No

Cell Phone: \_\_\_\_\_ May a message be left at this number? Yes  No

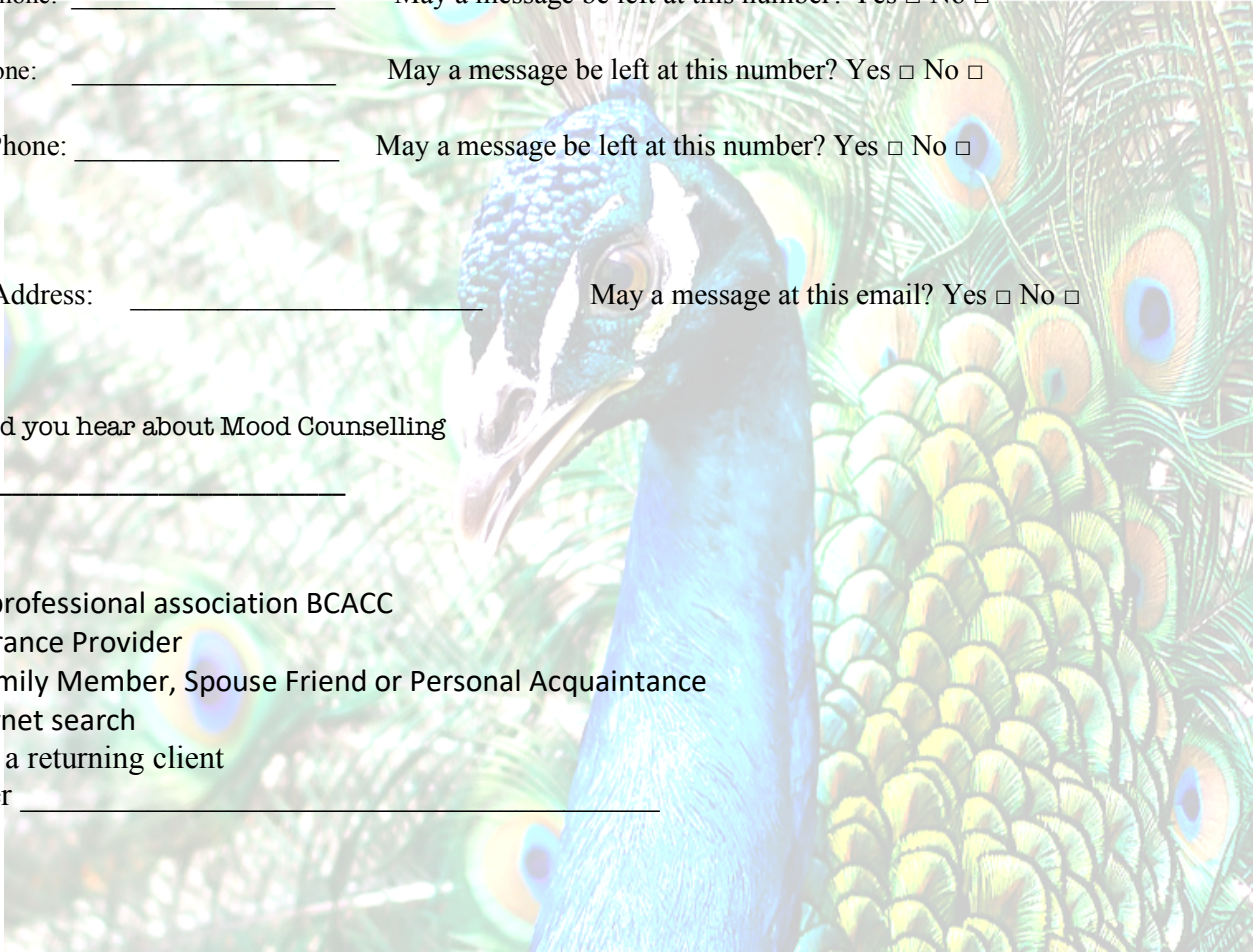
Work Phone: \_\_\_\_\_ May a message be left at this number? Yes  No

Email Address: \_\_\_\_\_ May a message at this email? Yes  No

How did you hear about Mood Counselling

\_\_\_\_\_

- My professional association BCACC
- Insurance Provider
- A Family Member, Spouse Friend or Personal Acquaintance
- Internet search
- I am a returning client
- Other \_\_\_\_\_





## INFORMED CONSENT

**Therapy** is a confidential process that involves the development of a therapeutic relationship and defined rights and responsibilities of both client and counsellor. Consent is a dynamic process of ongoing agreement, not a paper to be signed once and forgotten. True consent respects the client's decision-making process and the continual flow of counselling; it protects the client and the counsellor. Therefore, as your therapist, I may ask more than once about engagement, consent and agreement to continue. This consent framework provides safety that allows the client to take emotional risks and build trust, which may result in increased levels of empowerment.

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Therapy is designed to address personal issues, cultivate a greater level of insight and help clients gain effective coping strategies. Counselling is not for every individual; however, it has been shown to be effective. Understanding rights and responsibilities in this process is important to ensuring well-being. Sharing sensitive and private information can be overwhelming. The therapeutic alliance has limitations and risks the client should be aware of, and as a therapist, I have corresponding rights and responsibilities. Clinical counselling can evoke strong emotions, difficult memories and changes in self-awareness and result in the client relating to others in different ways. Unpacking past memories, grief, pain and future losses during the course of counselling can increase intense emotions. Nevertheless, counselling can be a rewarding, freeing,

positive experience with outcomes of success and satisfaction. As a therapist, I am here to guide you, support you, hold the space (be present with compassion and without judgement), provide a safe place, listen without judgement and listen with compassion throughout the counselling process.

**Confidentiality is paramount at MOOD.** As a therapist I adhere to two code of ethics, those of the British Columbia Association of Clinical Counsellors and the British Columbia College of Social Workers, and comply with the Common Law Privacy Act (Section 1) and BC's Personal Information Protection Act provision. However, the Privacy Act does not give the client an absolute right to privacy. If a client elects to communicate with me via email, they are aware and agree that doing so is not completely confidential. I will keep, print and place every email in the client's file. I conduct online counselling over an encrypted video system that is protected and secure. I do not consent to being recorded or shared at any time.

If a client does not want to receive simple touches such as on the hand or arm, inform the counsellor before counselling begins. As a therapist, I may, if consent is given, shake hands or touch on the shoulder or back if a client is in emotional distress.

A child or youth attending counselling will have to obtain the consent of both parents before counselling begins, as a requirement of BC's new Family Law Act 4.

**Session Recording.** Sessions may be recorded for educational improvement purposes only. Recordings are erased when they are no longer needed for educational improvement purposes. As a therapist, I strive to provide clients with the best continuity of care and care plans; therefore, as part of my ongoing training, I may share client cases with other registered counselling professionals for best care practices and professional learning only.

**Exceptions to and Limits of Confidentiality.** It is my duty to report a child in need of protection, per the Child, Family and Community Service Act 26, Section 14. If a client discloses a plan regarding or evidence of clear and imminent danger of harm to self and/or others, or I must notify legal authorities and the victim to ensure safety. If a client discloses or is suspected of abuse or neglect of vulnerable adults, seniors or children, I must report this information to the appropriate legal authorities (e.g. the Ministry of Children and Family, police or a senior abuse line). If a judge or court order is issued, I may be required to release information contained in a client's records and/or testify in court.



**Insurance Providers.** Insurance providers are given information regarding services, including types of services, dates and times, treatment plan and case note summaries (Release of Information form required for all requested information).

**Client Responsibilities.** The client agrees to arrive on time for the agreed-upon time slot. If late, the session will end at the originally scheduled time if it encroaches on another session. Cancellation with less than 24 hours' notice will be charged. If two consecutive sessions are missed with no contact or attempts to reschedule, the counselling space will be given to another individual on the waitlist.

I charge no fee for a 15-minute consultation. I cannot barter; it is not ethical. I do take credit cards and PayPal. A late bill will incur a fee of 1.5 percent per month, and if payment is denied, I reserve the right to give your information to a collection agency or take legal action. My fees will increase every two years at the rate of ten dollars per session.

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### Credentials

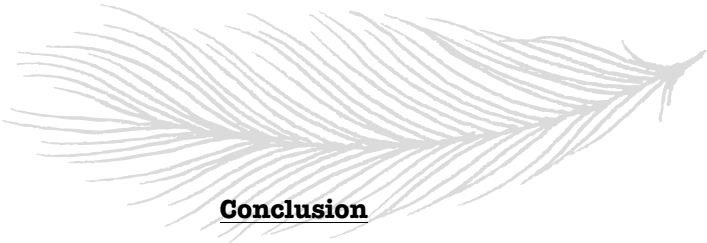
- Bachelor of Social Work University of British Columbia
- Master of Education in Counselling Psychology from the University of British Columbia
- Registered Clinical Counsellor (RCC) with the British Columbia Association of Clinical Counsellors (BCACC)
- Registered Social Worker (RSW) with the British Columbia College of Social Workers (BCCSW)

**Theoretical Approach.** No single therapeutic counselling approach could possibly fit every person who walks into my office. I base my approach to counselling and my techniques on each client. My areas of specialty are addiction, trauma, abuse, victimization, depression, anxiety, life transitions, and ageism. The techniques I am likely to use include but are not limited to cognitive reframing, early recollection, grounding, positive psychology, increasing self-worth and self-esteem, needs and value exploration, self-monitoring, visualization, exposure, interpretations, body language, psychoeducation (i.e. how the brain works, Vagus Nerve) and assertiveness training. I utilize Client-Centered therapy, Eye Movement Desensitization and Reprocessing (EMDR), non-violent communication, act therapy, cognitive behaviour therapy, behavioural therapy, emotionally focused therapy, logotherapy, focusing therapy, humanistic theory, feminist theory, sand play therapy and art therapy.

**Complaints.** If a client is unhappy with the progress of your therapy or with me, I request that we talk about the issue so that I can respond to your concerns. I will hear and respect criticism, take it seriously and act with compassion and care. If the matter cannot be resolved, a client can contact the BCACC by calling the BCACC Head Office at 1-800- 909-6303, extension 223, emailing [hoffice@bc-counsellors.org](mailto:hoffice@bc-counsellors.org) or visiting the BCACC website, <http://bc-counsellors.org/regulation/complaints/>, to make a formal complaint. A client can also contact the BCCSW at [info@bccaw.ca](mailto:info@bccaw.ca), 604737-4916 or 1430-1200 West 73 Avenue Vancouver, British Columbia Canada, V6P 6G5. Read more at the BCCSW website: <http://www.bccollegeofsocialworkers.ca/public/complaints/>.

### Emergencies

If you are in crisis or in an emergency, contact your physician, the local hospital, the Crisis Line (604-872-3311) or 911.



**Conclusion**

**I have read this statement and had sufficient time to be sure that I understand it and have considered it carefully, asking questions if needed. I understand the limits of confidentiality required by law. I consent to the billing process and agree to pay \$ \_\_\_\_\_hr. I discussed the above information with my therapist. As a client, I understand the risks and benefits of therapy, the limits of confidentiality and the exceptions to confidentiality during counselling services. I understand my rights and responsibilities as a client and the responsibilities of my therapist. I understand that I can refuse any request made by MOOD counselling. I declare that I have reached the age of consent or I have both parents signing and agreeing to therapeutic interventions and treatment. I declare that I have the right to revoke consent at any time. I declare that I am capable of giving consent and understand the risks and benefits of and alternatives to counselling.**

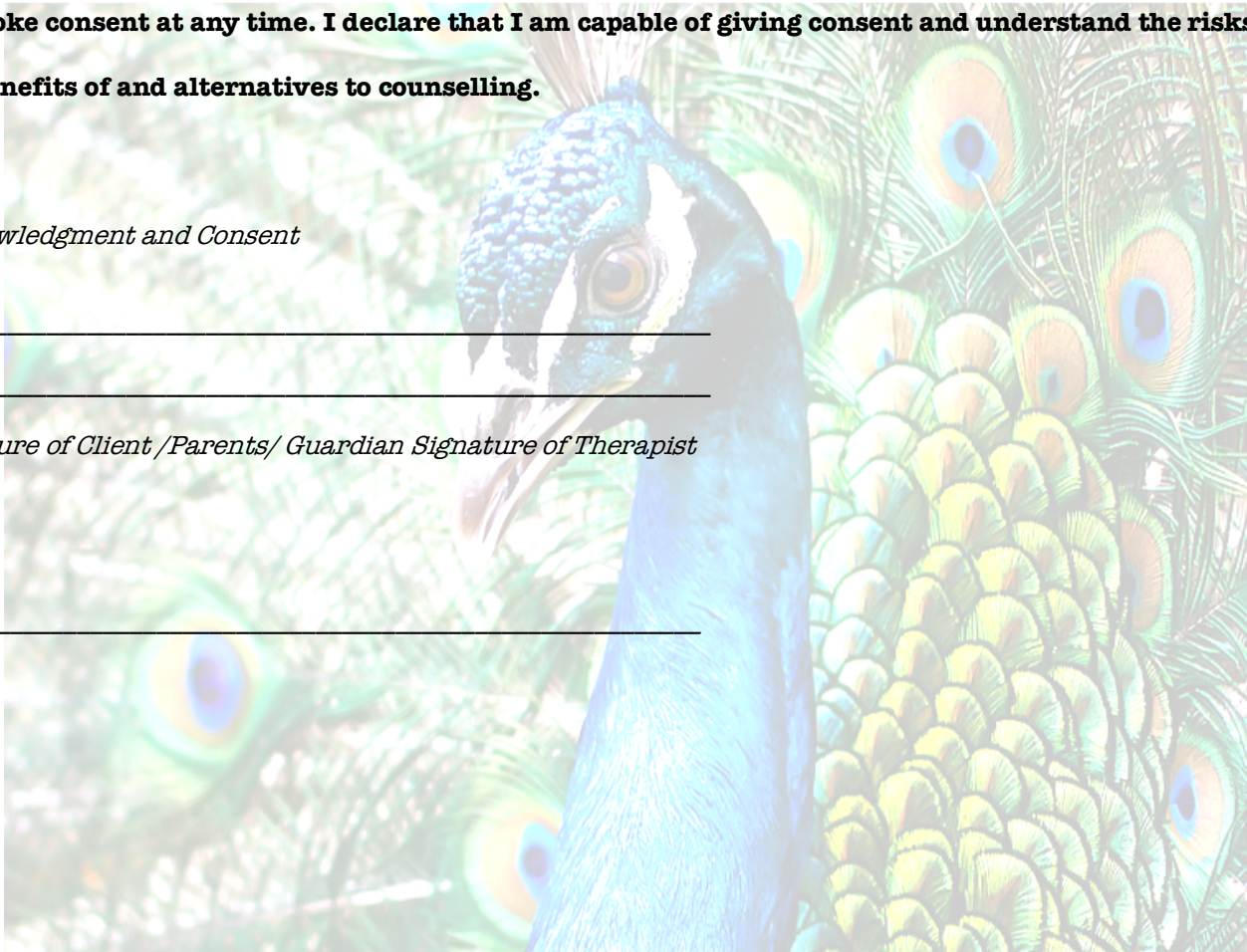
*Acknowledgment and Consent*

(1) \_\_\_\_\_

(2) \_\_\_\_\_

*Signature of Client /Parents/ Guardian Signature of Therapist*

*Date* \_\_\_\_\_





MOOD Counselling  
301-220 Brew Street  
Port Moody, BC, V3H 0H6

Authorization for release/ Exchange of information



I authorize **Natasha Pittman** (MOOD Counselling) to release/exchange information with:

**MOODCOUNSELLING.COM**

(Name of person (s) organization to release /exchange information)					
(address)	(city)	(Province)	(postal code)	(telephone)	(fax)

**Please specify the information to be released / exchanged:**

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Written notice by the client is required to cancel this request. This authorization is valid from the date of signature to date : \_\_\_\_\_.

I have reviewed and understand this form, and its contents, and authorize the release/ exchange of information in accordance with the specification above:

Print name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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