# Client Contract and Consent Form

**COUNSELLING** is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counselling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counselling, there may be periods of increased anxiety or confusion. The outcome of counselling is often positive; however, the level of satisfaction for any individual is not predictable. Your counsellor is available to support you throughout the counselling process.

**CONFIDENTIALITY:** All interactions with me, including scheduling of or attendance at appointments, content of your sessions, progress in counselling, and your records are confidential. No record of counselling is contained in any academic, educational, or job placement file. You may request in writing that the counselling staff release specific information about your counselling to persons you designate.

**SESSIONS:**

* Sessions be 50 minutes in duration.
* Sessions will be contracted as needed. Normally between 6-8 sessions are agreed upon.
* After 8 sessions, if needed, sessions can be re-contracted upon agreement of both the client and the counsellor.

**EXCEPTIONS TO CONFIDENTIALITY**

* Confidentiality will be protected if the nature of the problem may need to be discussed with a supervisor to provide the best possible care to the client. These consultations are for professional and training purposes.
* If there is evidence of clear and imminent danger of harm to self-and/or others, a counsellor is legally required to report this information to the authorities responsible for ensuring safety.
* A court order, issued by a judge, may require the me to release information contained in records and/or require me to testify in a court hearing.

**I have read and discussed the above information with my counsellor. I understand the risks and benefits of counselling, the nature and limits of confidentiality, and what is expected of me as a client of the counselling services.**

*Signature(s) of Client / Couple Signature of Counsellor*

*Date*