



## Second Story Counselling

Shari Allen, MC, RCC, CCC

#550-2950 Douglas St., Victoria, V8T4N4

778.808.8262

[www.secondstorycounselling.com](http://www.secondstorycounselling.com)

### INFORMED CONSENT FOR COUNSELLING SERVICES

**How to Schedule a Counselling Session:** You can book a session at any time by email.

**How to Cancel a Counselling Session:** Cancellations for a session must be made at least 48 hours in advance. Regular session fees apply for non-emergency missed appointments.

#### Your Rights:

- To stop any activity or discussion while in a counselling session
- To withdraw from counselling at any time and to ask for a referral

**Confidentiality:** I will make every effort to ensure your safety, rights, and privacy. Your confidential information will not be shared with any person unless you request it.

**Limits to Confidentiality:** A counsellor must disclose information if:

- There is risk of harm or neglect to a child under 19 years of age or to a vulnerable person;
- There is a serious risk of harm to yourself or another person;
- If there is a medical or psychological emergency, or
- If the courts subpoena your personal or clinical records.

#### Electronic media:

##### 1) Privacy and Confidentiality:

- a. The counsellor, Shari Allen, restricts the use of any copies or recordings the client makes of their communications. Clients must seek written or verbal consent (documented) from Shari before recording any portion of the session and/or sharing and/or posting any portion of electronic communication without permission.
- b. The client is responsible for securing their own computer hardware, Internet access points, and password security.

##### 2) Potential Risks:

- a. Misunderstandings are possible with electronic media, such as telephone calls, texts email, and Zoom applications.
- b. Electronic media may not be encrypted and thus are a possible privacy risk.

**INDICATION OF INFORMED CONSENT**

**Please read through and initial the following. Scan page 2 only (this page) and email the scan or photo to Shari Allen at [gonarrative@gmail.com](mailto:gonarrative@gmail.com). If this is not possible, request to sign this Informed Consent form in the first counselling session.**

\_\_\_\_\_ I understand and agree to the 48-hour cancellation policy. Non-emergency cancellations are paid in full at the established fee rate.

\_\_\_\_\_ I understand and agree to the confidentiality and privacy restrictions for any communication, recording and/or sharing of any information pertaining to counselling as stated in this form.

\_\_\_\_\_ I understand the benefits, risks, and limitations of counselling and, in particular, the risks of electronic communication.

\_\_\_\_\_ I agree that Shari Allen (Second Story Counselling) should not be held responsible if any outside party gains access to any media platform for personal or confidential information by bypassing security measures.

\_\_\_\_\_ In a crisis or emergency situation that needs immediate attention, I will call 1-800-SUICIDE (1-800-784-2433), dial 911, access professional help, or go to a hospital or emergency centre.

**Please sign below.**

By signing, you are agreeing to abide by the conditions and terms included in this *Informed Consent* form.

**Client Name (please print)** \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Counsellor Signature** (Shari Allen) \_\_\_\_\_