

Clear Path Transitions Psychotherapy and Counselling Services

Hal Wilhite, MMFT, RP, BA (Psych), RMFT
www.clearpathtransitions.ca
hal.wilhite@clearpathtransitions.ca
613 893 2184

TELEPHONE AND ONLINE COUNSELLING CONSENT FORM

Counselling services are provided by Hal Wilhite, Marriage and Family Therapist, Registered Psychotherapist (CRPO). In order to ensure that you have the most effective counselling and therapeutic experience, it is important that you understand your rights and responsibilities as a client. Please review the following information and be certain you understand the conditions before your first telephone or online counselling session.

- You agree that you are at least 16 years old unless, parental permission is granted or unless otherwise agreed upon.
- You agree to supply your true full name, address, phone number, and e-mail address, as well as the phone number of one emergency contact.
- Due to the nature of telephone/online counselling, I am not equipped to respond to mental health emergencies. For emergencies, call 911, go to your local hospital emergency department or call AMHS-KFLA (1 800-267-7877).
- Sessions are 50 minutes in length and the non-insured cost is \$100 per session. Payment is accepted by e-transfer.
- Twenty four hours (24 hours) notice is required to cancel or re-schedule your appointment.
- If, during our telephone counselling sessions, I discover that this form of counselling is not suitable, I will discuss this with you and suggest that you seek out other services that may be available to you in the community.
- Occasionally, technical issues will arise. We agree that we will try to reconnect as soon as possible should this occur.
- We agree that we will not engage with each other on social media or in public.
- We agree in advance on a strategy for space, place and who will or may be in attendance during our sessions. You agree to notify me about any changes that might occur in those contexts as they arise, even if a session has begun.
- You agree that you will not participate in a telephone/online session while driving, operating any other motorized vehicle, cycling, or while engaged in any other activity requiring your full attention, and which may, as a result cause harm to yourself or others.
- Understand that you are responsible for the security of your phone device and it is required that no recordings be made of the session.

Confidentiality: I will do what is required to ensure the confidentiality of our sessions and your information, except under the following circumstances: If I am subpoenaed to provide information regarding your sessions in a court of law or if my regulating body decides to inspect our records as part of their regulatory activities in the public interest. I am also required by law to reach out for help with or without consent from the appropriate authorities in cases of suspected child abuse, elder abuse, or cases where bodily harm to yourself or another person is threatened.

While I will do everything required to ensure privacy online, by text, and by phone, you understand that it is not possible to guarantee 100% protection of your information with these forms of communication. By signing this form, you indicate that you understand that I cannot guarantee that phone or online conversations will not be intercepted, stolen and used without our knowledge or without our consent.

By filling out and returning this Online and Telephone Counselling Consent Form, you indicate that you have read, understood and that you are in agreement with all of the terms and conditions stated above.

Print full name: _____

By signing this form electronically and returning it to me, you indicate that you have read, understood, and agree with the above conditions. _____

Signature

Date