



Terms of Agreement

Name of Client(s):

(List both parents' names for clients 15 and under. *Parents* must complete this form on behalf of clients **15 and under**)

<i>Last</i> _____	<i>First</i> _____
<i>Last</i> _____	<i>First</i> _____
<i>Last</i> _____	<i>First</i> _____

For Clients 15 and under:

Signed consent from both parents is required for clients 15 years old or under to access counselling services. **Please initial** whether you have:

_____ *Joint custody*: requires a Parental Consent to Counselling form to be signed by both parents **before the first session**

_____ *Sole legal custody*: requires legal documentation affirming that you have sole legal custody of your child and a signed Parental Consent to Counselling form **before the first session**.

For Clients referred to Christian Counselling Services (CCS) by other professionals:

To recognize others involved in your care, CCS would like to send out a letter of thanks for referrals received from other professionals (i.e. doctor, pastor). In order to do so, we need your consent. This letter is **only a thank you**. No other information will be shared.

Please initial one of the following:

_____ I **do not** consent for a letter to be sent to the one who referred me

_____ I **do** consent for a letter to be sent to the one who referred me and their contact information is provided below:

Name and position of person who referred: _____

Contact information: _____

For Clients referred by the Court or Social Services:

If clients have been referred to CCS by the Court or by the Ministry of Social Services, a report or evaluation of services may be requested. You may wish to discuss this with your counsellor.

I **have been** referred by a government agency. *Initialing below* indicates that I give my counsellor **permission to contact** my social worker or the Court to determine the contract for services.

Name of worker: _____

Contact information: _____

Please initial

Fees and Payment

The fee for a **50-minute** session is \$110 for counsellors and \$125 for registered psychologists. A **cancellation fee** of **\$75** may be charged to clients who do not give **24 hours' notice** for cancelling appointments.

Please initial next to your method of payment:

_____ **Self** (no insurance)

_____ **Employee and Family Assistance Plan (EFAP)**

Company: _____ Employee name: _____

_____ **Church**

Church name: _____

_____ **Insurance** (through personal payment and then submitting receipts)

Please note that some counselling fees are reimbursable by some insurance programs. By initialing, I agree that:

- I am personally responsible for paying the session fee and submitting my claim.
- I am responsible for knowing and communicating the criteria set out by my insurance plan for the counsellors that I see.
- The counsellor and CCS are not responsible for denied claims.

_____ **Private Party**

If a private party is paying for your counselling services (e.g. a family member), the signature below authorizes CCS to release session **dates** and **costs only** for the purposes of payment.

Name of payer: _____

Signature of client: _____

Request for Lower Fees

We recognize that some clients may not be able to pay for the full cost of counselling. To assist those in this situation, it is possible for qualifying clients to receive **short term** counselling for a **reduced or subsidized fee**. Please initial one of the following options:

_____ I do not currently need a reduced fee, but am aware that if the need arises, I may address this with my counsellor.

_____ I request a discussion with my counsellor about reducing my session fee.

Upon discussion with my counsellor, I agree to a fee of \$_____ per session and request that the difference of \$_____ be subsidized for _____ sessions before revisiting the fee.

Client signature _____ Counsellor signature _____

Request for Reports or Letters

If you request a letter or report to be written by your counsellor, you will be charged for this service. Clients will be billed at our current full rate fees (\$110 for counsellors, \$125 for registered psychologists).

Please initial

Confidentiality

Confidentiality is crucial in your care as a client of CCS. Under most circumstances, what you share with your counsellor will remain private, although **certain exceptions exist**. These include if:

- There is a **potential that you may harm** yourself or others or if we have a **reasonable suspicion** that a child (under 18 years old) is being neglected or abused.
- **Consultation** with other CCS counsellors is needed to provide quality care. In the case that outside consultation is required, your signed consent will be obtained prior to consultation.

- **You initiate legal proceedings** or otherwise make allegations against CCS or its staff, in which case information will be released to adequately answer your claims.
- CCS counsellors are **subpoenaed to court**; however, we request that clients do not call the counsellor as a witness in legal proceedings.

Please initial

File Storage

Client files will be stored securely at Christian Counselling Services. Files will be stored for a minimum of **seven (7) years** after your final session and then securely destroyed. For clients who are minors (under 18 years old), records will be kept for **seven (7) years** after they have reached the **age of majority** (18 years old). Written requests for your file may be made before the end of the seventh year.

Please initial

Agreement between Clients and Counsellors:

The Client, _____, agrees to:

Print name

1. Provide 24 hour notice for cancelling appointments. Failure to do so may result in a missed appointment fee.
2. Pay the counsellor's fee before the session, unless a reduced fee is being requested. In this case, payment will be made after the session and at the beginning of following sessions.

The Counsellor, _____, agrees to

Print name

1. Assist the Client in determining and working toward goals
2. Maintain confidentiality of the Client, unless:
 - a. You pose a threat to yourself, others, or a child is reasonably suspected to be abused or neglected. In such cases, I have a legal and ethical responsibility to inform the appropriate authorities.
 - b. Consultation with (a) professional colleague(s) to improve the services offered to you is appropriate. The information will be given anonymously and only information needed to help meet your goals and help me provide adequate service will be shared. This colleague will be held to the rules of confidentiality.
 - c. You initiate legal action against me, where I may use my records to defend myself.

By signing this document, I confirm that I have read and understood the terms of agreement set out above.

Client, or Authorized Representative's, Signature

Counsellor Signature

Date

Date