

RIGHTS & RESPONSIBILITIES of PERSONS USING ROCK COUNSELING SERVICES

It is important that you read this material. Should you have questions about this information, please discuss them with the counselor.

I. RIGHTS

Prompt Service: The initial appointment with the counsellor is for screening and assessment purposes and will typically last about 50 minutes. The information from the assessment inventory you have been asked to complete and the information about yourself and the issue that has brought you to seek counseling is required so that we may help you in as timely and effective manner as possible. During this initial interview counseling options will be discussed and decided upon between you and the counselor. You will be scheduled for a follow-up appointment in a timely manner in accordance to your presenting issues. Should an emergency arise and you find it necessary to meet earlier please contact the counselor at 260-6240 or Kevin@rockcounseling.com . If you need to talk with someone immediately please contact the CHIMO Helpline 450-4357 or 1-800-667-5005 and they will assist you.

Respect: The counsellor conveys respect for you as an individual by keeping appointments or contacting you if a change is necessary, giving you complete attention during sessions, avoiding interruptions during sessions, and providing you with the most effective counseling possible.

Confidentiality: All information about you obtained in the course of counseling will be kept in **strict confidence**. The counsellor may seek consultation from another professional within the counselling profession: in any consultation your identity, typically will not be disclosed. Consultation is for professional or training purposes only and you will be informed of any supervisory relationship and/or if a consultation is or was sought, with whom and for what purpose. Rock Counseling Services operates on the basis of informed consent, hence information will not be disclosed outside of Counseling without your freely given written permission or request, with the following exceptions: 1) Abuse of children. If the counselor has reason to believe, based on what you have said, that a person under the age of 16 is being abused, s/he is legally obligated to report this situation to the appropriate authorities. 2) Imminent harm to self. If the counselor has reason to believe that you are in danger of physically harming yourself in ways that may be life-threatening, and if you are unwilling or unable to follow treatment recommendations, s/he will have to make a referral to a hospital and /or contact a family member or another person, such as a police officer, who may be able to protect you. 3) Imminent harm to others. If the counselor has reason to believe that you are seriously threatening physical violence against another person, or if you have a history of physically violent behaviour, and if s/he believes that you are an actual threat to the safety of another person, s/he is required to take action to insure that the other person is protected – examples of such action would be contacting the police or other authority; notifying the other person or persons; seeking hospitalization; or some combination of these actions. 4) Court Order. A counsellor and/or a counsellor's records can be subpoenaed by a court and the counsellor can be required to testify and give information obtained in the counselling sessions. Without a court order or your direct permission, this information would never be provided voluntarily. 5) Abuse committed by a health professional in the province of New Brunswick. If you report that you were abused by a health professional in the province of New Brunswick, at any age, the law requires that this be reported.

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The exceptions to confidentiality are extremely rare. However, if they should occur it is Rock Counseling Services policy that, whenever possible, we will discuss with you any action that is being considered or required. If disclosure of information does become necessary we will release only the information necessary to protect your and/or another person's physical safety, or the minimal amount required under the court order or subpoena.

II. RESPONSIBILITIES

Participation: Your active participation in the counseling process is necessary for progress to be made. Counseling sessions, other than the initial interview, typically last for approximately for 50 minutes. Your promptness for these sessions will allow you to take full advantage of your appointments. It is your responsibility to keep scheduled appointments. If an emergency or unforeseen circumstance arises, please cancel your appointment by calling at least 24 hours prior.

No-Show Policy: Missed appointments will be subject to a 50% session fee payment. You will be responsible for calling to reschedule missed appointments. Otherwise, call to inform that you will no longer need counseling from Rock Counseling Services.

III. GENERAL INFORMATION

Your counselor is certified with the Canadian Counsellor Psychotherapy Association in accordance with rigid education, supervision and continuing education requirements. Sessions will not be recorded unless specifically requested and authorization given by the client prior to the recording. Such recordings will be used by the counselor to review the session in order to aid the counseling process. The information on the tape is confidential and will be erased after it has been used for the intended purpose.

FEE: \$100 per 50 minute counseling session payable at time of service.
Insurance claims for service will be subject to company policy. Inquire regarding your particular insurance provider.

If you have any questions regarding the above information, please discuss them with your counselor when you sign and give him this form.

FEEDBACK: Rock Counseling Services is interested in any positive or negative feedback you may have regarding the services you receive. We invite you to provide us with feedback at any time during the counseling process. If for any reason you are not satisfied with the counseling process, you are encouraged to discuss this first with your counselor before stopping sessions.

I acknowledge that I have read and understood this document and accept the conditions stated and implied herein.

Name Printed: _____ Date: _____

Client Signature: _____