

Client Consent for Counselling Services

Counsellor's Information

Daphne Gelbart, MA, RCC

601 W. Broadway, Suite 400

Vancouver, BC V5Z 4C2

Phone 604-222-0908 (office) or 604-961-3940 (cell)

Client Information

Name: _____

Home Telephone: _____ Cell Phone: _____ Message Ok? Y / N

Address (optional) _____ Email: _____

Main Concern(s): (e.g., personal, mood, motivation, relationships, family, educational/vocational)

Client Consent

I HEREBY AGREE to receive counselling services provided by Daphne Gelbart, MA, RCC, relating to the concerns stated above and/or mutually agreed upon. Ms. Gelbart is a Registered Clinical Counsellor and member of the British Columbia Association of Clinical Counsellors (BCACC, registration number: 3290). I agree to *pay* Ms. Gelbart a fee of _____ per 55 minutes of counselling services. In case of *cancellation* I will provide *one day (24 hours) notice*. *Otherwise*, I will be responsible for *payment* for the session. Services can be *terminated* by either party with *notice*.

All reasonable precautions are employed to protect the *privacy and confidentiality* of clients. The following *exceptions* apply by which information can be disclosed without client's permission for the following reasons:

1. If there is evidence of child physical abuse, sexual abuse, or neglect.
2. In the event of a subpoena, warrant, or order issued or made by a court, person, or body with jurisdiction to compel disclosure required or authorized by law.
3. If client's physical safety or the safety of another person is known to be in danger, or there is significant concern that a dangerous act is intended.

If questions arise between the parties that cannot be resolved directly, I can call the BC Association of Clinical Counsellors at 1-800-909-6303.

Client's Signature _____

Date: _____