

Garry Dyck, MA
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Informed Consent for Counselling Services

Welcome: I am a counsellor with a MA in Counselling from Providence Theological Seminary (April 2015). I am also an Associate Professional Counsellor with the Professional Association of Christian Counsellors and Psychotherapists. I have 16 years of retail business experience, from stock boy to management and ownership. I also bring 13 years of pastoral ministry to my work with clients. This form is to help answer any questions you may have about the counseling process. Feel free to ask further questions or seek clarification at any time.

My belief system: As a Christian counsellor, I believe we all bear God's image: we were created as relational beings. Therefore, I believe people should be treated with dignity, respect and value regardless of their beliefs or values. I desire to respect your personal norms and values. I believe we are complex beings whose experience of life encompasses our physical, emotional, mental, social and spiritual parts – all of which are interrelated. As a result, I counsel from a bio-psycho-social-spiritual perspective.

Counselling Process: Each session we have together will be 60 minutes in length. Your success in counselling will be influenced by your active engagement and motivation toward positive change. I believe that our time together will be beneficial and am committed to supporting and helping you discover ways to overcome the challenges you face. The counselling process begins by defining the problem, discussing thoughts and feelings, understanding the origin of the problem and then moving toward developing new skills and healthy attitudes about yourself and others. Good communication will enhance our productivity together. It is important that you feel comfortable and free to express yourself fully in session. If you have a concern or wish to discuss what is going on in therapy please do not hesitate to bring it to my attention.

Confidentiality: As a counsellor, I receive supervision while I provide counselling services. According to professional ethics and law, my supervisor and I are bound to strict confidence regarding all aspects of your personal life as discussed in session. No information will be shared with anyone outside of this circle without your written permission except in the following cases:

- I am ordered by the court to testify or release records
- If you are a victim or perpetrator of child abuse
- If I have reason to believe than an elderly, disabled or dependent person is or has been abused
- If I have reason to believe you are threatening harm to yourself, someone else, or the property of another

I am required by law to report to the appropriate authorities, or take reasonable steps to prevent harm, in all the situations listed above.

Zoom (Video) Counselling:

- You understand that online counselling may not be appropriate if you are experiencing suicidal or homicidal thoughts. Internet counselling is not a substitute for medical care provided by a physician.
- For our therapeutic communication, I recommend you use a personal computer, tablet, or smart phone with restricted access. I ask that you determine who might have access to your computer

and electronic information from your location, which might include supervisors, co-workers, family members, and friends. If your computer is networked with other computers, know that unless precautions are taken, the information on your computers may be accessed by others on the network.

- If you are using a tablet or smart phone, you will need to download the Zoom app from your app store. The App is free. After the App is installed, you can return to the email sent with the Zoom link. Click on the link and the App should open automatically. The first time the App opens you will need to respond to the prompts that ask to use your camera and internet audio with a yes.
- A link will be provided in an email prior to each session. Simply click on the link in the email and you will be directed to the video conference.
- After our session, please ensure you complete the logout procedure.
- In order to maintain confidentiality our Zoom conversation must take place in a space which is private, sound proof, and free from interruption for the duration of the session (1 hour).
- If you need to communicate with me in an alternate way at anytime during our session, you may text me at 204-380-1915.
- In the event that Zoom does not work for you, we can use Facetime, WhatsApp (these platforms are not as secure as Zoom, but will work as well), or telephone.
- Using video or telecounselling limits my ability to maintain confidentiality because I cannot control the outside environment. By signing this consent form you are agreeing to the risks that are beyond my ability to control (your environment and the internet).

Cancellation: Please contact the office if you discover that you will not be able to keep an appointment. I require 24 hours or more notice of cancellation. Although I utilize email reminders, you understand that you are responsible to remember and be online for your scheduled appointment, even in the event that the reminder technology fails. You will be charged a \$75.00 fee for the missed appointment without advanced notice (24 hours). I can be reached by phone/text at 204-380-1915 or email: garrydyckcounselling@gmail.com.

If there is an emergency between sessions, please contact your family physician, the local hospital emergency room, or **911**.

Fees: Therapy is provided on a fee for service basis. Some private insurance policies do reimburse session fees upon proof of attendance (invoice). It is your responsibility to check with your provider prior to the first session. Current fees are \$90.00/60 minute session. Invoices are payable in e-transfer, PayPal, Mastercard, or Visa. There will be a \$25.00 charge for each NSF cheque. Therapy will be discontinued until payment has been made.

Termination: If you decide to discontinue with the counselling process, or desire a referral, you are free to do so. Should this be your decision, I would encourage you to talk with me about your decision in a final session.

I have read, understood and am in agreement with the policies described in this consent form.

Print Name

Signature

Date