

## Informed Consent Form

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This document contains important information about the counselling services that I provide. Please read this carefully. Any questions, concerns, or needs that you might have can be discussed by either phone or in person. Signing this consent form will constitute an agreement with Michael Nishi/Tandem Counselling that you understand the services provided, any risks in treatment, and fees incurred.

### My Qualifications:

- Registered Therapeutic Counsellor (RTC) #2073 with the Association of Cooperative Counselling Therapists of Canada
- Master of Arts in Counselling Psychology from Yorkville University
- Diploma in Professional Counselling from Vancouver College of Counsellor Training
- Certificates in Intimate Couples Counselling & Family/Youth Support from Vancouver College of Counsellor Training
- Bachelors of Arts in Religious Studies from Northwest Baptist Theological College

**The counselling approach and goals:** Counselling focuses on the journey of the individual to gain understanding, insight, awareness, skills and most of all relief, healing, and hope in managing and overcoming many of life's most difficult and painful moments. My role as counsellor is to work in collaboration with you to explore, examine and support you in finding options and ways to live a better and stronger life. My approach to counselling is mainly Cognitive Behavioural Therapy (CBT) and Reality Therapy in a person-centred approach. I can also incorporate a spiritual perspective that is consistent with your faith if you desire. I am a therapeutic counsellor and I do not diagnose mental disorders or prescribe any medication.

**Client's Rights:** As your counsellor, there could be times when I will suggest and sometimes challenge you in the counselling process. I may recommend different "projects" or "homework" to help you to gain understanding or process thoughts/feelings/or events. I will always collaborate with you in a caring and respect-filled manner. You have the right to question and share your concerns, or refuse any of my suggestions. Your feedback is welcome, and your safety is one of my top priorities. **It is important that you share your concerns and questions as they arise during our counselling relationship.**

**Termination:** Termination of counselling may occur any time and may be initiated by either the client or the therapist.

**Confidentiality and the Limits of Confidentiality:** Counselling relationships and information resulting there from are kept confidential. However, there are the following exceptions to confidentiality:

- When disclosure is required to prevent clear and imminent danger to the client, myself, or others;
- When legal requirements demand that confidential material be revealed;
- When a child or someone from the vulnerable sector (seniors, disabled, etc.) is in need of protection.

**Record Keeping and Supervision:** Clinical notes are maintained through the course of sessions and kept for a period of sixteen years for the purposes of: 1) maintaining integrity in and through sessions; 2) providing constant and accurate care and planning; 3) legal purposes; 4) supervision and accountability. Any disclosure of information can only occur with the written consent of the client and/or when required by law. Notes are available at your request for review.

**Emergencies and After-Hours Care:** If you are in an emergency situation and need help, contact **911** or the **Crisis Center** immediately, or go to your **nearest hospital emergency room**. Calls made during office hours will be returned within 24-48 hours with the exception of holidays and vacations.

### Fees and Cancellations:

- Individual counselling sessions are \$120 per session for 60 minutes
- Couple's counselling sessions are \$175 per session for 90 minutes
- Appointment times are agreed upon jointly by the client and the therapist.
- If you cannot attend a scheduled appointed session, **cancellations must be made a minimum of 24 hrs before the appointed time. Cancellations made less than 24 hrs will be charged at the full amount stated above.**
- To cancel or to make appointments please email: **mike@tandemcounselling.com**

**I understand and accept the above information and agree to enter into a counselling relationship with Michael Nishi**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counsellor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_