

Counselling Services

Please complete the following form in order to provide us with the background information we require to ensure you receive comprehensive care. It should take 5-10 minutes.

Contact Information:

Name		Occupation	
Gender (circle one)	Male      Female	Employer	
Date of Birth		Employer #	(      )
E-mail Address			
Home Phone	(      )	Emergency Contact	
Cell	(      )	Emergency Contact Relationship	
Home Address		Emergency Contact #	(      )

YES   NO   Can we send you our seasonal newsletter and monthly calendar of events via email. Your email address will not be shared.

How did you hear about the Integrative Health Institute? (If another person, please provide name)

**Counselling Services  
 Informed Consent & Confidentiality Agreement**

Welcome to the Integrative Health Institute. By choosing counselling services, you have taken an important and courageous step toward your overall health and wellbeing. Counselling provides an added resource in your life – one that enables you to explore your thoughts and feelings in a supportive environment, while working toward resolutions on any number of issues of concern to you. Your counsellor at the Integrative Health Institute is focused on ensuring that you get what you need from the counselling experience, so please feel free to share with your counsellor what would make this experience uniquely beneficial for you.

Be aware that as with most things in life, change is a process - one that often requires patience and perseverance. But together, we will set goals and work toward a better place.

Before we begin, please read the below confidentiality and informed consent agreement. If you have any questions, feel free to let us know.

I, the undersigned, do hereby voluntarily give consent for the Counsellor to provide confidential counselling services. I understand that I may request a meeting to discuss the services. I also understand that I may change the status of my voluntary informed consent at any time. I, the undersigned, do hereby agree to pay for the counselling services rendered at Integrative Health Institute, by the Psychotherapist at a fee of \$110/per session. I further acknowledge and confirm that I have been informed of the financial costs, expected benefits, potential risks and side effects. I also

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acknowledge the likely consequences of not following the procedure(s)/plan, and what alternative course(s) of action are available to me.

With few exceptions (see below), your sessions at Integrative Health Institute are strictly confidential. However, please be aware that because this is a holistic healthcare facility, information from other practitioners in the clinic may be sought or shared in order to provide the highest level of care.

The following standard practices regarding confidentiality are very important and we think you should be aware of them. Please discuss any concerns you have about them with your Counsellor.

1. *If you are under the age of 19 and disclose abuse (sexual and/or physical) by a specific person, the abuse must be reported to the Ministry for Children and Families.*
2. *If you are over the age of 19 and disclose abuse (sexual and/or physical) by a specific person who has access to people under the age of 19, the abuse must be reported to the Ministry for Children and Families.*
3. *If there is a serious possibility that you may harm yourself or others, we must take reasonable action, which may include contacting the police or other responsible authorities.*
4. *If you are impaired by drugs and/or alcohol and intend to drive, we must report this to the Motor Vehicle Branch and/or the police.*

The vision of the Integrative Health Institute is to provide true integrative medical services. Given our commitment to this best-patient practice, we will communicate with your other medical providers at the clinic to ensure that you are receiving true complementary care. This will be done with respect for all privacy laws and any restrictive stipulation you may have placed on this communication. Please speak to your practitioner if you would like more clarification on this process.

**I welcome professional dialogue regarding my case between members of my medical team at the Integrative Health Institute: Yes I No      Signature: \_\_\_\_\_**

General Issue or Concern (optional):

\_\_\_\_\_  
\_\_\_\_\_

Desired Goal or Outcome (optional):

\_\_\_\_\_  
\_\_\_\_\_

Additional Information:

\_\_\_\_\_

Client Signature

Date Signed

Counsellor