

Anna Morton, M.A., R.C.C, S.E.P.  
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### **Information and Informed Consent For Clients:**

- **Counselling:**

I believe that counselling is a collaborative process, and I look forward to working *with* you. As I bring my training and knowledge to our sessions, you bring your expertise about yourself. I invite you to keep me informed about how I can best support you during our sessions together (e.g. what works for you and what doesn't work). As a Somatic Experiencing Practitioner (S.E.P.), I believe in our body's innate capacity to heal. I will be encouraging you to listen to your body's wisdom as you engage in the healing process.

My fee is \$140.00 including GST, per 60 minute session. I accept e-transfers, cash or cheque. It may be possible to have your counselling costs covered by a third party; please let me know if you have any questions about this.

Please notify me at least 24 hours ahead of our scheduled session if you are not able to attend. I charge a fee of \$ 70.00 including GST for missed appointments without notice.

- **Confidentiality**

I will collect only the information that I need to work effectively with you. All forms and notes will be kept in a secure and confidential manner for at least 7 years after we finish working together. After that time your records will be destroyed.

I will ensure that your confidentiality is respected; I will not tell anyone else that we are working together, and what we talk about in our sessions will remain private. Sometimes you might think it is helpful for me to discuss something with another person, like your doctor or another counsellor; in this case I will always get your written permission.

It is important for you to know that there are limitations to confidentiality, where I am legally obligated to share information about our sessions. These limitations are:

- If I believe there is a clear risk of a client harming themselves or another, I must disclose this information to someone who is able to protect the person at risk (e.g. family physician or another emergency contact person).
- If I believe that a child or a vulnerable adult is in danger of being abused or neglected, I am legally bound to report to the Ministry of Children and Families.
- If a court-of-law requires the release of personal information, I am obligated to submit what is required.

Please note, as per my code of ethics, I may consult with colleagues or clinical supervisors as to how best to support you. I will never give out any information that might identify you without your permission. As a Registered Clinical Counsellor I am committed to following the ethical guidelines set out by the BC Association of Clinical Counsellors.

\*\*\*Please fill out the following information and sign your name to indicate that you have read and agree to the above information. You may copy or cut and paste the following statement and information into an email or word document, and then email it all to me at [info@dragonflycounselling.ca](mailto:info@dragonflycounselling.ca)

I have read and agree to the information contained in the Information and Informed Consent for Clients

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Pronouns (Optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_