



A designation of BC Association of Clinical Counsellors

Wade R. Alexander MACP, RCC, CCC, MN (APRN-MH), RN
Telephone: 778-472-0388
Email: focusing-with-wade@shaw.ca

Welcome to my private counselling practice. I am an active member of the British Columbia Association of Registered Clinical Counsellors (RCC, registration number 15616). I also hold a Canadian Certified Counsellor (CCC) designation with the Canadian Counselling and Psychotherapy Association (CCC, Registration number 10003356). I am an active member of the British Columbia College of Nursing Professionals (RN, registration number 848835).

This document contains important information about my professional services and business policies. It is important that you read the following information carefully; one signed copy is for my files, and I will provide an additional copy upon request. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign it or at any time in the future.

COUNSELLING AGREEMENT

With regard to our counselling relationship, I offer a personalized approach tailored to the unique and individual needs of each client in both short-term and long-term counselling. I provide a warm and safe place for my clients to connect with their authentic selves in a private setting and utilize a strength-based humanistic approach grounded in the holistic biopsychosocial perspective. Together we will discuss your unique experiences, thoughts, and feelings; and at your discretion, we will develop a plan that will best suit your needs. We will periodically reevaluate the changes that you have made and develop more accurate plans, as required.

The following are the requirements of counselling. *Please initial each one as you read it.*

Appointments: Individual counselling sessions are 50 minutes in length, and we can most effectively achieve our goal(s) in weekly appointments. Twice a week might be appropriate for a short period based upon individual circumstances.

Lateness: If you are 20 minutes late for a session, I will consider the appointment a missed session and charge you. If you are late your appointment will not run into the next client's time. I also have the right to change my schedule.

Cancellation: 24 hours' cancellation is required to avoid being charged for the session.

Contact: I will attempt to return messages as soon as possible Monday through Friday (except holidays) or within 48 hours at the latest. You can schedule appointments in person or by telephone.

E-Therapy: E-therapy involves the use of the video-based Zoom platform, which is a user-friendly, secure, specific-service tailored and designed application for e-therapy that is HIPAA-compliant. E-mails are a risk because they are not secure, and texts are not appropriate for this purpose because of the risk of sending them to a wrong number. I cannot ensure the confidentiality of any form of communication through electronic media. When E-therapy support requires texting or contact via email to arrange, cancel, or change appointments, personal information will be kept to a minimum to protect your privacy. Please use only your first name and the initial of your last name in the text.

Note: Audio or Video recordings may be used to aid the counselling process and to gain further understanding of important aspects of the treatment. An informed consent document will be provided on recordings.

If you are feeling in crisis, dial one of the following crisis lines:

911 if this is an emergency

Or the Kamloops Mental Health Emergency Service: 250.377.0088

Or the First Nations Help Line: 1-855-242-3310 (24/7 - 365 days - serves all of Canada)

Or the Trans Life Line (Transgender Suicide Hotline): 1-877-330-6366

Or the BC Interior crisis line: 1-888-353-2273 (24/7 - 365 days)

Or the Crisis line: 310-6789 (no area code required)

Afterward, please contact me to arrange an appointment

I agree that I have read and understand the information above.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Consent for Treatment and Statement of Confidentiality

It is important that you know that your counselling sessions are strictly confidential, but limited by the Limits of Confidentiality as outlined below. I will keep all communications and records related to your counselling confidential and keep them locked in a secure place for a maximum of 7 years. Any release of information to any other individual or professional agency will require your written consent and be time limited, and you have the right to withdraw consent at any time. Counselling is voluntary and you may refuse to participate at any time.

Counselling can provide greater self-awareness, insight, and coping. Counselling may require that you consider exploring difficult topics, or memories, and try new behaviours. These experiences can sometimes lead to stronger than usual emotions. The counselling process will help to manage these feelings; however, this requires cooperation between me and you, as well as your willingness to disclose when emotions become difficult to manage.

Clients should be aware that the counselling process poses certain inherent risks. While we work together, additional problems might surface of which you might have been unaware before counselling. Further, counselling might cause changes in relationship patterns and/or unpredicted responses from individuals in the client family system. Counselling is a collaborative process between me and you, it is not prescriptive in nature.

Limits of Confidentiality

The following practices are very important. Please discuss with me any information that you do not understand.

Please check the boxes to acknowledge that you understand the practices.

- If you are under the age of 19** and disclose abuse (sexual and/or physical) from a specific person, I must report the abuse to the Ministry of Children and Family Development.
- If you are over the age of 19** and disclose abuse (sexual and/or physical) from a specific person who has access to people under the age of 19, I must report the abuse to the Ministry for Children and Family Development.
- If there is a possibility that you might seriously harm yourself or others**, we must take reasonable action, which can include contacting the police.
- 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.
- In some court actions, your counselling file can be subpoenaed.** This is not a frequent occurrence; however, you should be aware of the possibility.

Consent

If you wish that I contact other persons or parties to discuss your treatment and coordinate care, please request a Release of Information authorization form from me, and we will discuss any release of information in advance.

I agree that I have read and understand my rights to confidentiality as explained above.

Client/Guardian Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____

FEE AGREEMENT

Services

I provide counselling services to individuals, couples, and families. My clients are of all ages and come from diverse backgrounds with diverse issues.

Individual Counselling: 50 min/hr \$120

Couples Counselling: 50 min.: \$150. The first session is either 1 hr. (\$150) or 1.5 hrs. (\$225), depending on the couple's needs. The second session is an individual session (\$120) with each partner, and the third and subsequent sessions as a couple are 1 hr. (\$150) or 1.5 hrs. (\$225), depending on their needs. In addition, I might recommend that you complete a research-based online questionnaire as part of the assessment process. You will not be charged the fee for completing the questionnaire. If you terminate treatment at any point during the assessment process and resume at a later date, the fee will be added to the next session's fee.

Family Counselling: 50 min.: \$170: Will require individual sessions with each family member (\$120 for 50 min/hr) and family sessions (\$170 for 50 min., \$255 for 1.5 hrs., depending on their needs).

Payments

I am an approved provider with some insurance companies or managed-care companies (First Nations Health Authority, Homewood Health) that might bill directly for you. You will need to contact your insurance company (Sunlife, Manulife) if you are seeking reimbursement for my services, and we can help you coordinate these benefits.

Payment by cash, cheque or e-transfer is acceptable at the time of the session. A receipt will be provided upon receipt of payment.

Returned cheques will require an additional \$50 administration fee.

It is an important benefit to society in general that every person have an opportunity to access counselling support. Therefore, we might respectfully negotiate a sliding scale depending on the circumstances but limit the sessions to be mindful of the need to avoid causing unnecessary distress for the individual. We will reevaluate the fees and circumstances at the eighth session, when we also reevaluate the counselling goals.

I, _____ agree to the following fee structure:
(Please print your full name[s])

Cost of Individual Session: \$ _____ Please initial _____

Cost of Couples Counselling: \$ _____ Please initial _____

Cost of Family Counselling: \$ _____ Please initial _____

Assessments, reports, and form completion: \$30-\$50, depending upon complexity.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____

INTAKE FORM

Date: _____
Name: _____ DOB: _____
Address: _____ City: _____
Postal code: _____ Length of time at this address? _____

Contact Information

Home: _____ OK to leave a message? Preferred
Yes No
Work: _____ OK to leave a message? Preferred
Yes No
Cell: _____ OK to leave a message? Preferred
Yes No
Email: _____ Preferred

IN CASE OF EMERGENCY

Physician: _____ Phone: _____
Address: _____
Other _____
Contact: _____ Phone: _____
Relationship: _____ Alternate Phone: _____

I give my consent for Wade R. Alexander to contact the above person(s) in the event of an emergency. I understand that he might provide confidential information to the above contact(s) regarding my file as it pertains to the emergency.

Signature: _____ Date: _____

Referral Information

Name of person/organization that referred you: _____

Identifying Information

Gender: _____ Sexual orientation: _____
Relationship status: _____ How long? _____
Children(names/age): _____
How many siblings? _____ In what position are you? _____ What is your role? _____
Culture and ancestry _____
Born & raised where? _____
Religious practice or spiritual belief: _____
(Does this add to the current conflict? Yes No
Employer: _____ Length of employment: _____
Position: _____ Income: _____
Disability/Social Services: Yes No
On probation/parole/forensics? Yes No

Anything that you want me to know about you? _____

COUNSELLING HISTORY

Any previous counselling experience? Yes No If yes, where? _____

If yes, did you receive a diagnosis? _____

If you have never seen a counsellor before, do you have any questions or concerns? _____

What brings you in today?

What are your expected results from attending counselling?

When did the concern for which you are in counselling start?

Did any life changes or significant events occur at the time?

When it improves, what did you do differently?

Have you felt that you need to or ever attempted to harm yourself or others within the past year? Yes No

Have you had thoughts of suicide or attempted suicide within the past year? Yes No

Do you drink, smoke, use drugs, or abuse over-the-counter drugs/medications? Yes No

If so, which ones and how often? _____

Suspect any addiction or feel addicted to anything? _____ Yes No

BRIEF HEALTH HISTORY

Date of last physical exam: _____

Any long-term health concerns/surgeries: _____

Related medications/dosage: _____

Mental health/psychiatric disorder(s): Yes No

Disorder type(s): _____

Related medications/dosage: _____

Psychiatric admissions: Yes No

Date(s): _____

Health professional(s) involved: _____

