

# Danielle Bérubé, RSW

Phone: (343) 364-9155 Email: danielle@sunsetcounselling.com

## **CONSENT AND INTAKE FORM**

Thank you for choosing to join me for services!

**Personal Information** 

(street)

Therapy is a confidential process where we will work towards your goals through exploring your concerns, hopes and development in a safe and supportive environment. Thriving is the goal, and our work will be guided by your individual hopes and needs. We will work together to come up with a treatment plan that will be a bridge from where you are at now to where you would like to be.

Counselling is an intimate and complex process. At times, it may feel uncomfortable as it could involve the exploration of unpleasant or traumatic events as well as exploration of self and relationships. We will work together to address this if and when it occurs.

# your name: pronouns:

birthday: address:

(city, province)

(postal code)

phone number:		email:		
emergency contact:	(name)	(phone number)		
How were you referred to services?				
What are you most hopin	ng to focus on with our	time together?		
Is there anything that wo	uld make services mor	e accessible for you?		
Are there any other helps	ers/practitioners you'd	like me to connect with	h?	
Have you been to couns	elling before?			
Funding and Payment				
Do you have extended b	enefits that cover cou	ınselling with RSWs?	Yes No	
Amount remaining for ye	ar:			

If applicable, can you please include your status number:

Payments are due before session by e-transfer: <a href="mailto:payment@sunsetcounselling.ca">payment@sunsetcounselling.ca</a>

Initial

# **Cancellation Policy**

If you need to cancel an appointment (things happen!) I ask that you give me 24 hours notice via text or email. All appointments not cancelled more than 24 hours in advance will be charged a \$30 rebooking fee unless it is a family or medical emergency.

Initial

Appointments that are "no-shows" with no notice will be charged a full session fee unless it is a family or medical emergency.

Initial

#### Consent and Limits to Confidentiality

I collect and keep records of your information for the purposes of your care. At any time you are able to communicate to Danielle that you'd like to withdraw consent and discontinue services.

In specific cases I would be required to not maintain confidentiality due to professional ethics as well as laws. These are the limitations to maintaining confidentiality:

- The need to inform a potential victim of a client's intent to harm them;
- Informing an emergency contact, appropriate care provider or emergency services if there is clear intention to end one's life;
- A court order for a client's file (or portions of);

- Informing children's aid society or appropriate authorities if a vulnerable person is in need of protection or at risk of being harmed;
- Reporting sexual abuse of a client by another regulated health professional

Online services are provided through use of Zoom which utilizes end-to-end encryption. I do what is within my power to keep our sessions confidential but there is inherently less that I am able to control with privacy compared to in-person services. I ask that you ensure your space is private if using phone or video to access sessions.

## In the case of emergencies

Emergency services are not available between scheduled appointments. If it is an emergency, please dial 911 or go to the nearest hospital. The local mental health crisis line is available 24/7: (613) 544-4229 or there are free, virtual 24/7 services available through: <a href="https://www.wellnesstogether.ca/en-ca/">https://www.wellnesstogether.ca/en-ca/en-ca/</a>

By signing this form you agree you have read and understand the above information and that you consent to services with Danielle Bérubé, RSW.

Name (printed)	Signature	
	**Printed name accepted for signature for online forms	
Date		