

Build A Better You (HillBilly Resort Inc.)

Informed Consent for Therapy Agreement

Please read through the following informed consent agreement. What follows is a basic understanding between client and therapist. In general, what are listed below are the responsibilities and obligations of your therapist, and also some expectations of you as the client. This document also contains important information about our professional services and business policies.

Do not sign the informed consent unless you completely understand and agree to all aspects. If you have any questions, please bring this form back to your next session, so you and your therapist can go through this document in as much detail as is needed. When you sign this document, it will represent an agreement between us.

Psychotherapy

Voluntary Participation: All clients voluntarily agree to treatment, and accordingly may terminate any time without penalty. Counseling involves a large commitment of time, money, and energy, so you should be thoughtful about the therapist you select. In the first couple of sessions, you should be deciding whether your therapist is right for you. If you feel it is not a good match, then your therapist will be happy to assist you in finding a new therapist.

Client Involvement: All clients are expected to show up to appointments on time, prepared to focus on and discuss therapy goals and issues, and will not attend while under the influence of mood-altering chemicals. All clients are expected to be open and honest so your therapist can assist you with your goals. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you are encouraged to work on things we talk about both during our sessions and at home. Inconsistent attendance can negatively affect your therapy progress.

Therapist Involvement: Your therapist will be prepared at the designated time, (barring emergencies), and will be attentive and supportive in meeting the therapy goals and do everything possible to assist you in achieving a greater sense of self-awareness and work toward helping you resolve problem areas.

Guarantees: Although the majority of people do get better in therapy, some do get worse. Accordingly, your therapist makes no guarantee of results. It is not possible to guarantee results such as: becoming happier, saving marriages, stopping drug abuse, becoming less depressed, and so forth.

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Risks of Therapy: Just as medications sometimes causes unexpected side effects, counseling can stimulate painful memories, unanticipated changes in your life, and uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In some cases client's symptoms become worse during the course of therapy, occasionally necessitating hospitalization. Another risk of therapy is that throughout the process of therapeutic change it is not uncommon for clients to reach a point of change where they may feel they are different and no longer able to be the same person they were upon entering therapy. At times these feelings can be unsettling.

Benefits of Therapy: The benefits of therapy can include: a higher level of functional coping, solutions to specific problems, new insights into self, more effective means of communicating in relationships, symptomatic relief, and improved self-esteem.

Alternatives to Traditional Therapy: can include stress management, twelve step programs, peer self-help groups, play therapy, nature-base therapy, and support groups.

Credentials and Qualifications: Counselors at HillBilly Resort Inc. hold a degrees in the field of counselling such as: Master's in counselling psychology. Some counsellors have an applied counselling diploma or can be a peer counsellor/listener who are supervised by a person with a master's degree.

Counseling Approach & Theory: Your therapist generally uses a therapy approach that includes a Cognitive Behavioral and Humanistic orientation to counseling. Your counselor focuses largely upon client responsibility in therapy, building a relationship with clients, creating a nurturing environment conducive to change, exploration of past events and how they continue to affect you today, analysis of underlying belief systems and their relation to inadequate functioning or hindrance to change, and implementation of specific emotional, cognitive, and behavioral techniques designed to aid in change toward specified goals.

Colleague Consultation: In keeping with standards of practice, your therapist may consult with other mental health professionals regarding care and management of cases. The purpose of this consultation is to ensure quality of care. Your therapist will maintain complete confidentiality and protect your identity by not using real names or any identifying information.

Meetings and Length of Therapy: Once we have agreed to work together, we will usually schedule one appointment every 1-2 weeks at a time we can agree upon. Session length most insurance plans cover is 45 minutes. Occasionally sessions may run as long as 55-60 minutes. Because our meetings are your time, you are expected to come to each session with a sense of what it is you would like to discuss or work on during that particular session. Length of therapy is quite variable based on client

motivation, number, and severity of issues to resolve, and work efforts outside of therapy sessions. On average, many people feel they have obtained what they were looking for in 10-25 sessions. For some it is fewer and for others it may go longer.

Confidentiality and Privilege: The information and content shared in therapy will remain confidential, except as noted in the next section: Exceptions to Confidentiality and Privilege. Your information will not be shared with anyone without your written consent. Your information is also privileged, which means that your therapist is free from the duty to speak in court about your counseling unless you waive that right, or a judge orders it.

Exceptions to Confidentiality and Privilege: As a mandated reporter in the province of Manitoba your therapist is legally obligated to violate confidentiality under the following circumstances:

- When the therapist has reason to suspect that the client has been, or is currently, involved in the abuse or neglect of child
- When the therapist has reason to suspect that the client has been, or is currently, involved, in the abuse or neglect of vulnerable adults
- If a client is pregnant and taking street drugs
- If the client reports sexual misconduct by another counselor
- If a client is a serious danger to themselves, i.e., if suicidal
- If a client is a serious danger to someone else, i.e., if homicidal
- If the courts order copies of records

Custody Issues & Therapy for Minors: It is the policy of *HillBilly Resort Inc.* that for minor children, where legal custody is split (joint) between parents or guardians who are no longer married or cohabiting, we need authorization and signature from both parents on our Informed Consent and Confidentiality Notice prior to the child being seen. These forms can be downloaded from our website and completed prior to arrival.

Ethical Guidelines: Your counselor follows the Canadian Code of Ethics For Psychologists. Copies of these materials can be obtained at <https://cpa.ca/aboutcpa/committees/ethics/codeofethics/>

Counseling and Records for Minors: If you are under 18 years of age, please be aware that the law provides your parents the right to review your treatment records as well as obtain information from us about your progress. It is our policy to request an agreement from parents that they agree to avoid unnecessary review of records and involvement in your treatment with us. If they agree, we will only provide them general

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information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern.

Health Insurance: You will be required to pay up front and claim the costs with your insurance company. Sometimes we are required to provide clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. It is important to remember that you always have the right to pay for services yourself to avoid the potential problems described above. Please keep us informed of changes in your financial status and insurance.

Phone Availability: We are often not immediately available by phone. We will not answer the phone when we are with a client. When we are unavailable, you are able to leave us a voice message and we will make every effort to return your call the same day you have called, with the exception of weekends and holidays. If you are difficult to reach, we encourage you to leave us times when you will be available. We also encourage the use of the crisis counseling agency, where a counsellor can assist you with problems or in the event of any mental health or substance abuse emergency

Klinic Crisis Line (24/7) Phone: (204) 786-8686
Toll free: 1-888-322-3019
<https://klinik.mb.ca/crisis-support>

Manitoba Farm, Rural & Northern Support Services (24/7)
Toll free: 1-866-367-3276
supportline.ca

Or call 911

Termination: Either the client or the therapist may end therapy at any time. Your voluntary involvement allows you to discontinue at any time. If your therapist feels you are no longer benefiting from therapy or your therapist feels there is a conflict in values they may discuss termination. If you desire additional counseling your therapist will provide you with a referral competent to address your issues.

Client Satisfaction Survey: We welcome feedback about the services you receive. We are dedicated to improving the delivery of services to clients. A client satisfaction survey may be filled out at anytime during or after the completion of counseling. Return it to:
HillBilly Resort Inc. Box 187 Fraserwood, MB R0C 1A0

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Financial Agreement and Terms

Billing and Payments: You will be expected to pay for each session at the beginning of each session, unless we have agreed on other arrangements. In the case of health insurance, you will be expected to pay prior to our session meetings. Keep in mind that it is you (not your insurance company) that is responsible for full payment of fees. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers.

My signature below indicates that I understand and agree to pay at the beginning of my session on the date it is provided. If I am utilizing health plan benefits, I understand that I am responsible for any amount my insurance does not cover.

Cancellation, No Show or Late Arrival: In general, all clients must provide the therapist a minimum of 24 hours notice in the event of a cancellation, which does not include weekends. This means if you have an appointment at 1:00pm on Monday, you will need to have cancelled by 1:00pm on the Friday prior. Clients will be charged for appointments that are not canceled at least 24 hours in advance and for all no shows. Insurance companies do not pay for missed appointments; therefore, you will be responsible for the full amount charged. Clients arriving late will not be provided an extension of time beyond what they were scheduled so as not to disrupt other client appointments. No reduction in fees will result from shortened sessions due to a client's late arrival. Additionally, if a client misses two appointments, your therapist has the option to terminate services and refer you to another clinic for services. If missed appointment payments have not been made additional counseling services will be suspended. Services will remain suspended until client begins making payment toward their account.

***Build A Better You* (HillBilly Resort Inc.): Informed Consent Agreement**

As the client, my signature below indicates that I have been provided a copy of the Informed Consent for Therapy Agreement. My signature below confirms my understanding of all the rules and responsibilities of both the client and the therapist, in addition to understanding the financial terms and agreements. My signature constitutes my agreement and compliance to this document. I, as well as my clinician, will abide by the stipulations listed herein.

Print Client Name _____ Date of Birth _____

Signature _____ Date _____

Signature of Parent/Guardian (If applicable) _____ Date _____

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