

Intake & Consent Form

My name is Christopher Ashforth. I have a Master's degree in Counselling from City University of Seattle. I am a member in good standing with the British Columbia Association of Clinical Counsellors (BCACC), Registration # 19936. I provide individual counselling in my private practice. The modalities I primarily draw from include: solution-focused therapy, person centred therapy, and a strengths-based approach.

The number of counselling sessions you have depends on the goals you set and how long it takes to reach these goals. I will work collaboratively with you to help you set and achieve your goals while facilitating personal growth through the counselling process.

Benefits & Risks

Counselling presents both benefits and risks. The benefits include, but are not limited to, better relationships, solutions to specific problems, an increased sense of well-being, and a reduction of distressing symptoms. However, because counselling tends to bring up uncomfortable feelings and difficult memories, people sometimes feel worse before they begin to feel better. Some find that, as they experiment with new ways of thinking and behaving, relationships with others are altered or disrupted. You are encouraged to share any feelings of fear, concern or doubt about the counselling process with me at any time during your sessions.

Fees

I charge a fee of \$130.00 for each 60 minute session. My fee is payable using the provided booking software Jane, and payments are processed securely using Stripe.

Cancellation Policy

I require 24 hours' notice prior to a cancellation. Failure to give appropriate notice will result in the full fee being charged for the session, unless explicitly agreed otherwise.

Client Rights

As the client, you have the right to the following:

- To stop counselling at any time during the counselling process
- To access your clinical records or to obtain a copy of those records
- To withdraw consent for the collection, use, or disclosure of your personal information, except when precluded by law.
- To refuse particular therapeutic techniques, or to answer specific questions.
- To ask questions about my approach, experience, or any concerns you have.
- If we happen to cross paths in public, out of respect for your confidentiality I will not approach you. If you would like to approach me, please feel free to do so.

Confidentiality

All information you share with me is strictly private and confidential. Your intake form, consultations, and case record information is protected in accordance with BCACC guidelines, and the Personal Information Protection Act (PIPA). No one except you or myself is permitted to see any information you have provided without your written consent to release information. Confidentiality continues after the end of the counselling relationship.

I occasionally discuss my work with other counsellors. While I may disclose information for the purpose of a professional consultation, your identity will remain confidential.

Limits to Confidentiality

There are three important limits to maintaining confidentiality that all counsellors are legally obligated to abide by. The exceptions include the following:

- Mandatory reporting of suspected abuse of a child, or vulnerable person
- Mandatory reporting of a risk of imminent serious harm to self or others
- When subpoenaed by a Canadian court of law

Concerns & Complaints

If you have a concern about any aspect of your counselling, you are requested to first address it with your counsellor Christopher Ashforth. If this is impossible, unsafe, or if your concern is not resolved through discussion, you may contact the BCACC:

If you as a client have a concern and you are not satisfied that I have addressed your concern, you have the right to file a written complaint with the BCACC. You can find more information on how to submit a complaint here:

<https://bcacc.ca/members/regulation/complaints/>

I, _____ (client's name) understand and agree to the above conditions.

_____ (client's signature)

_____ Date (DD/MM/YYYY)

I, Christopher Ashforth, MC, RCC, will adhere to, and agree to the above conditions.

_____ (counsellor's signature)

_____ Date (DD/MM/YYYY)