

# **FORSTER COUNSELLING**

Brenda Forster Inc.

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## **WRITTEN DISCLOSURE & CONSENT FOR SERVICE**

Brenda Forster, M. Ed., R.C.C.  
(BCACC Professional Registration Number: 1887)

As a registered member of the B.C. Association of Clinical Counsellors (BCACC), I am responsible for ensuring that you have the necessary information to make informed decisions about participating in counselling/therapy with me. Please read the following information and sign the Consent for Service only after I have answered any questions you have.

### **Professional Affiliation**

The BCACC is a provincial body that regulates the professional practice of its members, including reviewing membership applications, establishing and maintaining a Code of Ethical Conduct and Standards of Clinical Practice, offering professional development opportunities, and investigating complaints. The BCACC office is located at #14 - 2544 Dunlevy Street, Victoria, BC, V8R 5Z2 and can be contacted by telephone at (250) 595-4448 or by email at [hoffice@bc-counsellors.org](mailto:hoffice@bc-counsellors.org)

### **Nature of My Professional Practice**

My professional practice is comprised of working with older adolescents and adults providing individual psychotherapy and relationship counselling. I work with children in the context of providing Views of the Child Interviews. I teach Mindfulness Based Stress Reduction programs.

### **Confidentiality**

Information related to your counselling/therapy with me is held in the strictest of confidence. All telephone calls, appointments, receiving of fees, documentation, and correspondence are handled directly and only by me. There are, however, three exclusions to confidentiality:

1. if I suspect a child is being harmed or at risk of harm, I am required by law to report to the police or the Ministry for Children and Families,
2. if I am concerned that you or another person is at risk of physical harm, I may be required to consult with outside professionals or report to the police,
3. if I (or client file information) am subpoenaed to court, I am required to attend and/or send the file.

There may also be circumstances when it may be beneficial to the therapy process for me to speak with another individual involved with your care (your family doctor, for example). Except in cases of emergency, I will get your consent before I release any information.

If a third party payer is involved (e.g.. Crime Victim Assistance Program, Insurance Corporation of British Columbia, or an Employee Assistance Program), I will be required to report to them. I will discuss with you the nature of the information I am required to disclose.

### **Appointments and Fees**

There may be times when you need to reschedule your appointment. I require 24 hours advance notice to cancel or reschedule an appointment. If I do not receive this notice, you will be responsible to pay for the scheduled appointment.

My fee is \$140 (tax included) per 50-minute session. This fee is payable by cash or cheque at the beginning of each session. If payment is not made at the time of the session, interest on any overdue amount is charged at a rate of 2% per month (compounded). In the event that my fees change, I will give you a minimum of two months' notice.

### **Access to Your File**

You have a right to access the information contained in your file. However, this file belongs to me and I am required to retain it, even after your therapy has ended.

### **Questions and Complaints**

There may be times when you have questions about your therapy process or feel dissatisfied. I would encourage you to raise these issues directly with me so they can be explored and, hopefully, rectified. If the problem remains unresolved after discussing it with me, a written complaint can be filed with the Registrar at the BCACC.

### **Right to Refuse Service**

You have a right to refuse to participate in any service and to end your therapy at any time. Because ending of your therapy is an important part of your therapy process (just as this beginning is important), it is expected that you will attend for a session or series of sessions to talk about ending.

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### **Consent for Service**

I, \_\_\_\_\_, have read and understand the contents of the Written Disclosure above. I consent to receiving service under these conditions.

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Signature

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Witness

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Date

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Witness Name (please print)