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Teal Elephant Counselling Inc.

Informed Consent

Welcome to Teal Elephant Counselling Inc. Engaging in counselling takes courage and provides you with the opportunity to learn more about yourself. I believe it is important to be clear and transparent about what counselling is and what it looks like at Teal Elephant Counselling.

Confidentiality

As my client, you have the right to complete confidentiality. This is the foundation of a safe and effective counselling relationship. I will not share anything you disclose to me, nor will I reveal whether you are a client of mine. However, there are certain circumstances in which confidentiality cannot be guaranteed:

- If you are in imminent danger of harming yourself.
- If you intend to harm another person.
- If there is a suspicion or disclosure of abuse, neglect, or exposure to abuse of a child (age 0–18).
- If there is suspicion or disclosure of abuse of vulnerable persons (e.g., elderly individuals).
- If your record is subpoenaed by a court. While I may advocate for limiting the information disclosed, the court can require access to your file.
- If counselling services are paid for by a third party (e.g., Employee Assistance Program), relevant information may need to be shared. This will be discussed with you at the onset of counselling.

Information about counselling sessions will not be released to anyone without your informed, voluntary, and written consent. Every reasonable effort will be made to discuss these circumstances with you prior to involving other professionals.

To further protect your privacy, I will not acknowledge you if we meet in public. You are welcome to approach me if you choose. You are free to discuss our professional relationship with others at your discretion.

Collection and Storage of Personal Information

All client information is collected in accordance with Canadian Counselling and Psychotherapy Association (CCPA) guidelines. If you have questions regarding this, please speak with me directly.

Consultations

To provide the best possible service, I may consult with other professionals regarding our work together. Your name and other identifying information will not be disclosed during these consultations.

Conflict of Interest

If a conflict of interest arises at any time, I will notify you at the next scheduled session. You are also encouraged to inform me if you become aware of any potential conflicts of interest.

About Counselling: Risks and Benefits

Counselling can help you gain new understanding of your concerns and develop new coping strategies. It can also help you learn new skills, change behaviour patterns, and deepen your understanding of yourself and others.

While counselling can provide significant benefits, success is not guaranteed, and there are potential risks. Counselling may elicit uncomfortable thoughts and emotions or bring up troubling memories. Sometimes, clients may feel worse before they feel better—this is especially common for trauma-related work.

Our conversations will be goal-focused. While I will be supportive, I may also challenge you at times. It is normal to feel upset, tired, or unsettled following a session as you process new insights or discuss difficult experiences. Counselling may also lead to changes in relationships or beliefs, which may be challenging in the short term but are often positive in the long term.

Your feedback and communication are vital to reducing risks. Please share any concerns with me as soon as possible.

Therapy Agreement

In my work with clients, I use a variety of approaches including person-centered therapy, attachment theory, Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Radically Open DBT, mindfulness, Emotion-Focused Family Therapy (EFFT), Accelerated Experiential Dynamic Psychotherapy (AEDP), Emotionally Focused Therapy (EFT), expressive therapies, and Eye Movement Desensitization and Reprocessing (EMDR). The type and extent of services provided will be collaboratively determined with you. This consent remains in effect until you withdraw it.

Financial Agreement

- Individual sessions are 50 minutes in duration and cost \$150 per session.
- Couple or family sessions cost \$200 per session.
- Please provide at least 24 hours' notice if you need to cancel or reschedule.

All meetings, whether by phone or in person, are billed at the hourly rate. Emails requiring lengthy responses may result in a request to schedule a phone consultation. Phone consultations longer than 15 minutes will be billed at the hourly rate.

Letter writing, consultations, or meetings with other professionals are also billed at my hourly rate.

Court Involvement: If I am required to participate in legal proceedings, including preparing documentation, writing reports, attending court, or testifying, I will charge my standard hourly rate for all related activities. This includes preparation time, travel time, and time spent in court. You will be responsible for all associated costs.

Payment can be made by cash or e-transfer to **tealelephantcounselling@gmail.com** or **jae@tealelephantcounselling.com**. Credit card payments are accepted; however, a 4% service charge will apply.

Unexcused no-shows or late cancellations will be charged at the full session rate.

Termination

You may end counselling at any time. Ideally, termination should be discussed in at least one session. I may also terminate counselling if you do not comply with treatment conditions (e.g., attending sessions under the influence, refusal to obtain a recommended psychiatric consult, or repeated no-shows). If your concerns fall outside my scope of practice, I may refer you to another professional.

Communication

If you need to contact me, you can reach me at 778-858-9773 and provide your first name and the number I can reach you at. Another easy, fast way of reaching me directly is through my email. **I DO NOT recommend that you email sensitive information as I cannot ensure client confidentiality when using email as a means of communication.**

Please do not email or call if you are currently in crisis, as I cannot guarantee an immediate response. If you're in crisis, please call the crisis center at 1-800-784-2433 or emergency services at 9-1-1.

Consent for Provision of a Telehealth Service

Where appropriate, services may be provided by phone or videoconferencing. You are responsible for any costs associated with the technology required to access these services. My practice covers the cost of the call or the platform used.

You will need access to a private space, an appropriate device (smartphone, laptop, tablet, or computer with camera, microphone, and speakers), and a reliable internet connection. While I use secure platforms (e.g., Google Meet, Zoom), the privacy of internet-based communication may be limited by the technology used.

Limitations of Telehealth

Telehealth may be affected by unstable internet connections or may not be suitable for all clients or situations (e.g., young children, certain conditions). We will discuss whether telehealth is appropriate for your circumstances.

AI assisted Note taking

To support accurate documentation and to allow me to focus more fully during sessions, I may use AI-assisted notetaking tools such as Heidi Health or Klarify. These platforms are designed for healthcare professionals and comply with HIPAA (USA), PIPEDA, PHIPA, and other relevant provincial health privacy laws in Canada. They use enterprise-grade security and encryption to protect your information.

Please note that while these services meet the highest privacy standards, I am not personally responsible for any data breaches or security failures at the third-party provider level. If a breach occurs, I will notify you as soon as possible.

You may ask questions or opt out of AI-assisted notetaking at any time.

Acknowledgement of Informed Consent

My signature below indicates that I understand and accept the preceding information. I have had the opportunity to discuss this consent with my counsellor, had my questions answered, and agree to enter into a counselling relationship with Teal Elephant Counselling Inc.

Client (please print): _____

Signature: _____

Date: _____