

INFORMED CONSENT FORM

Kelvin Block Counselling Services

Building Stronger Marriages

Building Stronger Relationships

This document will help inform you about my background, if you have any questions please ask for more information.

My Background

I have a Masters of Divinity – counselling focus and a one-year Counselling Internship Certificate from Providence College and Seminar as well as a Bachelor of Religious Education from Briercrest College and Seminary. I am a member in good standing with the Professional Association of Christian Counsellors and Psychotherapists (PACCP) and the .

I work with couples or individuals who desire to strengthen their relationships and who presently find themselves in a place where life is not working well for them or as they had hoped. I primarily use an adapted REBT (Rational Emotive Behavior Therapy) model. This means that I first hear a person's story and when I have some understanding of their given situation I use a variety of tools to help them gain greater clarity, tools include: family of origin; understanding and using your emotions profitably; personality strengths and so on, all the while gaining greater understanding to what a person believes, what they feel and what choices they make. All of this information helps the individual or couple begin to more clearly understand what they want so they can move towards reaching their goals and desires.

Please note, I provide counselling but I am not a registered psychologist or psychiatrist. If I am unable to meet your unique needs, I may be able to refer you to an appropriate health professional.

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or a vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated (not under their legal care) minor clients have the right to access the clients' records.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18) _____

Today's Date: _____

CANCELLATION POLICY

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed for the entire cost of your missed appointment. A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency.

Thank you for your consideration regarding this important matter.

Clients Signature (Client's Parent/Guardian if under 18) _____

Today's Date _____

It is important to us to know that you have read and understand the above information. If this is the case, please sign below. If you have any concerns you may wish to discuss them with your counsellor before you sign. In an effort to keep information confidential and to facilitate communication for the most effective treatment, Kelvin Block Counselling Services will keep one file of your records only seen by him and his accountants.

I have read and understood the above information. I agree to abide by its terms.

Name _____

Signature Date _____

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