

**Claudia Georgescu**  
*registered clinical counsellor.*  
*-children, adolescents, families-*

**Confides Clinical Counselling Centre INC.**  
672-833-5023

### **Informed Consent for the Provision of Psychotherapy**

I, \_\_\_\_\_, have read and do understand the following:

Claudia Georgescu is a registered clinical counsellor with BC Association of Clinical Counsellors, Registration # 21133.

Claudia Georgescu may not provide services to me without first obtaining my informed consent, meaning consent I have given with an understanding of my rights and the risks involved with the services.

**Benefits and Risks of Psychotherapy.** I understand that psychotherapy (counselling) is meant to be beneficial, but individual results vary and there is no guarantee of success. Psychological treatment may bring on uncomfortable thoughts and emotions. I understand that I am welcome to mention any concerns or questions to Ms. Georgescu.

**Confidentiality.** I understand that all information I share with Ms. Georgescu is confidential and no information will be released to any third party without my explicit written consent. I further understand that there are specific and limited exceptions to this confidentiality, most notably:

- When there is a clear risk of substantial harm to myself, to Ms. Georgescu, or to any other person
- When there is reason to believe that a child needs protection, such as where a child has been or is likely to be physically, sexually, or emotionally harmed, abused, or exploited
- When the law requires the release of confidential information by Ms. Georgescu.

If any of the above occur, Ms. Georgescu will have to report to the appropriate authorities.

**Communication.** I understand that the use of email communication is for scheduling and for brief, non-emergency communication. Ms. Georgescu does not check email on non-clinic days or over the weekend. In the event of an emergency where there is a risk of harm to myself, I need to call 911 or go to the Emergency Department of my local hospital.

**Video/Phone Sessions.** I understand that the use of online platforms such as Zoom or Jane's App has limits to confidentiality. There is a low possibility that, despite any attempts at encryption of the connection, someone may gain access to the session. If you have concerns about this limitation, you should not consent to receive psychological services online.

**Concerns and Complaints.** I understand that if I have any concerns about Ms. Georgescu's conduct or any aspect of the treatment, I may discuss these concerns with Ms. Georgescu at any time during treatment. I understand that I may refuse any suggestions offered by Ms. Georgescu and that I have the right to end treatment at any time or ask to be referred to another psychologist. If I am not satisfied by the quality of services from Ms. Georgescu or believe Ms. Georgescu has acted unethically or unprofessionally, I may make a formal complaint to the Association of Clinical Counsellors of British Columbia.

**Fees.** I understand that the hourly fee for psychological services is **\$150.00 + GST= \$157.50**, in accordance with recommendations of the B.C. Association of Clinical Counsellors and I agree to pay all amounts due.

**Missed Appointments.** You must provide **48 hours' notice** if you cannot make a scheduled appointment. Please call and reschedule if you are ill, even if it is short notice. Failure to give notice will result in a charge of the usual session fee.

### **Consent**

I have read and understand this statement. I have had sufficient time to consider this statement carefully and have asked any questions about it that I needed to. I am over the age of majority (19) and competent to give my informed consent.

In addition, I understood the contents of this agreement and that I personally guarantee these conditions.

Accordingly, I consent to being provided with psychological services by Ms. Claudia Georgescu, Registered Clinical Counsellor, Association of Clinical Counsellors of BC # **21133**.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_