

# STREAMS COUNSELLING

**Anne Brodbeck, RTC**  
**Registered Therapeutic Counsellor**  
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## Intake form

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cel.: \_\_\_\_\_

DOB: \_\_\_\_\_

Medication: \_\_\_\_\_

Reason for Counselling: \_\_\_\_\_

\_\_\_\_\_

Goals: \_\_\_\_\_

## **Counsellor and Client Service Agreement**

Welcome to my practice. This document contains important information about my services, business policy and your rights. Should you have any questions, we can discuss to clarify. Once signed, this document will represent an agreement between us.

### **My Responsibilities to You as Your Counsellor:**

The majority of people get many benefits from counselling. However, the therapeutic process may at time uncover unwanted emotions such as sadness, anger, guilt or frustration. Although these feelings may be negative experiences, they are also likely to open new opportunities to overcome challenges. Feel free to discuss your goals, ideas, opinions on the process and services of your counselling.

#### **I. Confidentiality**

You have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me without your prior permission. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

#### **There are certain instances where I am required by law to reveal confidential information:**

If I have good reason to believe that immediate danger exist or if there is physical or sexual abuse or neglect of a child under 19 years of age is suspected. I would be obliged to disclose that information to the Ministry of Children and Family Development and/or legal authorities.

#### **II. Record-keeping.**

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. The reason I keep notes is for reference to best help you. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record.

#### **III. Other Rights**

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns,

and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

**Fee structure**

Individual Therapy \$90 (50 mins session)

Couple or Family Therapy \$95 (50 mins session)

Please note: 24 hours notice is required for cancelling appointments. If you cancel within less than 24 hours before your appointment time, you will be billed 50% of the cost of your appointment.

I have reviewed all of this document information and I understand and accept the terms of this agreement.

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Client (or guardian) - Printed Name

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Client (or guardian) - Signature

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Date

    Anne Brodbeck    

Counsellor - Printed Name

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Counsellor - Signature

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Date