



Created November, 2018

COUNSELLING AGREEMENT

This agreement provides a basis for developing an agreement between us. Please read it over and feel free to ask any questions you might have about this information before signing the agreement.

Fees for Office Visits:

Counselling sessions are billed for \$126 (includes GST) per 50- minute session. Payment is expected at the time of service, unless other arrangements have been made. Cash, personal cheque or credit/debit card are the usual forms of payment. If you have extended health benefits through your work place, your fees may be fully or partially covered. It is expected that you will bill your insurance provider directly. I will send monthly statements with my registration numbers to assist with this process.

Missed appointments:

Missed appointments represent a loss of an opportunity for someone else to receive services from me. Therefore, I would appreciate knowing as soon as possible if you are going to miss an appointment. If you miss your appointment without calling, or cancel your appointment with less than 24 hours notice, you may be charged the full fee for the session.

Contact Information:

Email (hrennie68@outlook.com) or phone (778-554-5751) are the best ways to contact me. I will return any message by the next business day.

Heather Rennie, M.A., M.Sc., RCC, RMFT

[Hrennie68@outlook.com](mailto:hrennie68@outlook.com)

<https://www.leapoffaithcounselling.com/>

778-554-5751

**Confidentiality:**

All sessions are confidential. I cannot release information without your signed consent. There are however, some exceptions to confidentiality when I am required to disclose information without your signed consent. These are:

- Reporting risk of child abuse or abuse of an elderly person in your care
- Responding to threat of harm to self or other
- When ordered by a court of law
- Case reviews with clinical supervisor (name will not be disclosed)
- When requested by specific funding contract
- In the event of couples' counselling, information from individual sessions may be used to support the therapeutic goals of the relationship

As a therapist, I have a legal responsibility to comply with provincial laws and notify the proper authorities under these circumstances. However, I will make every effort to make sure your right to privacy is protected and to inform you when possible before any action is considered.

Court-related work:

Working with the court system or with your legal counsel is outside the scope of my practice and expertise. Unless previous arrangements have been made, I will not provide information to the court or to legal counsel unless ordered by a court of law.

Emergencies after hours:

Please call 911, go to your nearest Emergency Room, or call Fraser Health Crisis Line (604) 951-8855 or 1 (877) 820-7444.

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I have read (or had read to me) and understand the above Counselling Agreement:

Client Name (please print): _____

Client Signature or Client Representative Date signed

Counsellor Signature Date signed

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