

Information & Consent Form (2018)

Heather Macmillan, RCT-C, CCC

Please thoroughly read the below information. I will provide you with a copy via email for your reference. Email address: _____

Background

I hold a Master of Education degree in Counselling. I am a Canadian Certified Counsellor and Registered Counselling Therapist – Candidate. I adhere to the Code of Ethics and Standards of Practice of the Canadian Counselling and Psychotherapy Association and the Nova Scotia College of Counselling Therapists. For your reference, please see: <http://www.ccpa-accp.ca> & <http://nscct.ca>.

Confidentiality

- To better treat your case, I may consult with supervisors and other mental health professionals. Although I do not share names or identifying information, it is important that you are aware of and agree to this.
- All session content is kept within the strictest confidentiality. Except as mentioned above, I will not share information about you with any other person, professional or agency without your written permission.
- If ordered by subpoena to release my records or to appear in court, I am legally bound to do so. In these rare cases, I continue to make every effort to protect your privacy.
- All of your personal information will be kept in a secure place, and you may have access to your file at any time. Generally I take notes to help me keep track during sessions.
- If we happen to meet elsewhere in the community, please let me know whether and how you wish to be acknowledged. I will make every effort to maintain the level of privacy you prefer.

Safety

- If I become concerned that you might harm yourself or someone else, or if I discover that a child or elderly person in your care is in danger of being harmed emotionally or physically, I am required by law to report it. Ideally, we would be able to discuss together the best way to go about this.

Attendance

- If you miss an appointment or cancel **with less than 24 hours notice**, you will be asked to pay a \$25.00 cancellation charge. Please note that this cannot be covered by your insurance or Employee Assistance Plan (EAP) plan. Please initial here: _____
- I generally follow up by phone or email after a cancellation or no-show. Please let me know if you prefer no follow-up calls.

I welcome questions and feedback about our work together. Please indicate by signing below that you have read the above statements and consent to therapy under the conditions outlined.

Signature: _____ Date: _____

Witness: _____ Date: _____