



COUNSELLING CONSENT FORM

This form will help you understand the counselling process. We will go through this form together and you will be given a copy. If there is anything you do not understand, please let me know and I will try to explain it differently.

ABOUT ME: My name is Pardeep Atwal and I am a Registered Clinical Counsellor with the BC Association of Clinical Counsellors (RCC) and am a Certified clinical counselor registered with the Canadian Clinical and Psychotherapy Association (C.C.P.A.). I acquired my Master’s degree in Counselling Psychology. My master’s thesis topic—childhood trauma and neurodevelopment— was published in February of 2012 by Lambert Academic Publishing (LAP). This book is titled *Neurobiological Guided Practices* and is available online at amazon.ca. My thesis research led me to look into trauma informed practices. I am certified in Eye Movement Desensitisation Reprocessing (EMDR) and Sensory Motor Affect Regulation Level 1. My approach is person-centered and strength-based. The counselling process is collaborative and transparent. I believe each person is the expert in their own life; my role is a consultant to offer information, perspective and strategies.

BENEFITS: Counselling can help you feel better, supported and understood. Counselling can also help you identify your values, embrace your strengths and your weaknesses, celebrate your abilities, and work towards your goals. I will work with you to understand and take control of problems and or traumas through teaching you new skills to change how you feel, think, act, cope, and interact and facilitating the processing out of trauma if and when needed.

RISKS: There is no guarantee that counselling will work or create change in the way you may hope. Sometimes other people in your life will not support changes you may make and as a result some relationships may change, or you may feel differently about these relationships. Sometimes counselling can evoke difficult emotions that are hard to experience, such as fear, sadness and anger.

YOUR RIGHTS: Counselling is voluntary and you can withdraw your consent at any time. Also, you have the right to refuse to participate in certain therapy modalities, even if I recommend such (i.e. family therapy). Periodically, I will make suggestions for other support services available in the community. It is your choice if you want to access these services.

PERSONAL INFORMATION: As per the *Personal Information Protection Act (PIPA)* I keep written records for your contact information, the reason you are seeking counselling and brief notes on our sessions. You have the right to request to view these notes and have a copy.

I will keep everything we talk about confidential. However, there are some situations that require me to break your confidentiality without your consent. These exceptions include, but are not limited to:

- If there is imminent risk of you harming yourself or someone else;
- If you tell me or I suspect someone is hurting a child under the age of 18 physically, sexually, or emotionally;
- If I am legally obligated to do so (court ordered); and
- A request through the *PIPA* legislation for information about you (i.e. a parent if you are a minor); or
- A request by the BCACC if you have filed a complaint.

Sometimes you may want me to talk with someone about you and give me your consent to do so. You are able to decide who I talk to, what I talk about, and when I am able to talk to them. If so, we will discuss this and write it down here:

PERSON	PURPOSE (what is shared)	WHEN	INITIALS	DATE signed

ACCOUNTABILITY: If you have a concern about any part of your counselling experience, please let me know so we can discuss it. If you are not satisfied with our resolution, or if you don’t feel comfortable to discuss it with me, you can submit a written complaint to the: BC Association of Clinical Counsellors 14 – 2544 Dunlevy Street Victoria, BC V8R 5Z2 phone 1-800-909-6303

I have read and understand this form, and any questions I may have were addressed.

Client Name

Client Signature

Date

Address

Contact Number

Pardeep Atwal
Counsellor Name

Counsellor Signature

Date