



Confidential Client Intake Form

Name: _____ Date: _____

Address: _____ DOB _____

Tel: _____ Occupation _____

Emergency contact name: _____ Tel _____

Current medications, dosage & purpose _____

What brings you in for counselling at this time? _____

What are your hopes for counselling? _____

Are there any immediate challenges that we should deal with as soon as possible? _____

Is there anything else you would like to add? _____

Agreement for Counselling and Informed Consent

Tenacity Counselling – Jamal Ahmelich, B.Ed, M.A., RCC

Counselling Services My counsellor will keep me informed of the types of treatment or therapy he or she recommends. The services offered will be tailored to me particular needs. As such, as my needs change and services adjust my counsellor will inform me before treatment shifts. This will be an ongoing process and open dialogue between myself and my counsellor and I may ask questions concerning the services I receive.

Client Responsibilities I will do my best to maintain appointments and show up prepared. I agree to pay my fee by the day I receive services. I understand the cancellation policy that I must call 24 hours before my appointment or a fee will be charged.

Benefits and Risks of Counselling

In counselling, I may benefit from learning new coping skills, gaining personal insight, forming healthier ways of relating to others, and/or overcoming unwanted behaviours. Counselling may come with risks. Opening up about my pain can sometimes lead to more pain initially such as unwanted thoughts, strong emotions or tension in relationships at home and at work.

PIPA (personal Information Protection Act)

“British Columbia’s Personal Information Protection Act (PIPA) sets out the ground rules for how private sector and not-for-profit organizations may collect, use or disclose information about you.” BC ministry of Citizen’s Service Guide to Personal Information Protection Act

Client Rights

- As a client, I have a right to ask questions about my counsellor’s credentials, the services being provided to me, or any other questions about the counselling process.
- I have a right to end counselling at any time.
- I have a right to voice concerns or complaints to my counsellor. If necessary, I have the right to inform the BC Association of Clinical Counsellors of any unethical or unprofessional behaviour by my counsellor.
- I have a right to request access to my personal information or request corrections to this information.
- I have the right to confidentiality as explained in PIPA

I, _____ have read the Tenacity Counselling agreement for counselling and informed consent and I understand my rights involved in the counselling process. I also understand the possible benefits and risks involved. I understand, Jamal Ahmelich, M.A, RCC is bound by the principles of the BC association of Clinical Counsellor’s Code of Ethical Conduct and Standards of Ethical Practice. I hereby give consent for Jamal Ahmelich to collect my personal information, protected by PIPA. I agree to the provided counselling services. I understand my right to withdraw consent and end counselling at any time.

Confidentiality

I understand that, except for the following limitations, all information I share with my counsellor is confidential. This means no information will be released to any third party without my explicit written consent. I understand the following exceptions to this confidentiality are:

- When there is clear risk of harm to myself or threat of harm towards another person, my counsellor is ethically bound to disclose this information to the appropriate authorities.
- When there is reason to believe that a child or a vulnerable adult needs protection, such as where a child or vulnerable adult has been or is likely to be physically, sexually or emotionally harmed, abused or exploited, my counsellor is legally bound to report the matter to appropriate authorities.
- When the court of law requires the release of personal information my counsellor will disclose what is required.

If I have any questions or concerns about confidentiality, I will ask my counsellor for clarification.

Client Name: _____

Client Signature: _____

Parent/Guardian Name: (If under 19 years old): _____

Parent/Guardian Signature: _____

Date: _____

Counsellor: Jamal Ahmelich, B.Ed., M.A., RCC

Signature of Counsellor: _____