

# Jocelyn Harris WESTCOAST CLINICAL COUNSELLORS

REGISTERED CLINICAL COUNSELLOR | M.A.

COUNSELLING NOTES OTHER THAN THE INFORMATION ON THIS SHEET (PLEASE CIRCLE) **WILL OR WILL NOT** BE KEPT ON FILE

NAME \_\_\_\_\_ PRONOUN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE WORK \_\_\_\_\_ CELL OR HOME \_\_\_\_\_ OK TO LEAVE MESSAGE \_\_\_\_\_

EMAIL \_\_\_\_\_

REFERRED BY \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICATION \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FEE \_\_\_\_\_

## RELEASE OF INFORMATION AGREEMENT

- Information obtained within the counselling sessions will not be released without the written consent of all parties or a court order

## LIMITS OF CONFIDENTIALITY




- If a client threatens bodily harm to self or others
- If there is indication of child abuse
- Counsellors under subpoena are bound by law to disclose information obtained during the course of counselling

## CANCELLATION POLICY

- 24 hour notice of cancellation is requested or the full session fee will be charged
- Includes clients whose fees are paid by 3rd parties who do not cover missed appointments

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COUNSELLOR SIGNATURE \_\_\_\_\_ RCC REG NO. # 0099

 gablescounsellinggroup.com  jocelyn@gablescounsellinggroup.com  250.384.1160

**The Gables Counselling Group** 1045 Linden Ave. Victoria B.C. V8V 4H3