

Office Policies 2014

What to Expect:

The counselling process is one of benefits and risks. Some of the benefits may include gaining personal insight, learning new ways to cope and overcoming/changing behaviors that are causing you difficulty or pain in your life. Your relationships with self and others often strengthen as you learn new ways to relate to self and others. Some of the risks of counselling may include evoking strong emotions or difficult memories. If at any time you have questions or concerns about the counselling process, please do not hesitate to talk to your counsellor about them.

Payment of Sessions:

Payment is due at the beginning of each session and is to be made by cash, cheque, Visa or Mastercard. Please make cheques out to **Kaela Scott Counselling**. After payment is received a receipt will be issued by email (or in person if requested).

*Please note that returned cheques will incur a \$15.00 charge

Missed Appointments:

Clients must provide a minimum of 48 hours notice for all cancellations. Appointments that are cancelled or missed without 48 hours notice will be charged the full amount for the scheduled appointment.

_____ (Initial Here Acknowledge The Above Statement)

Session Length and Fees:

All initial sessions are 90-120 minutes in length. The client and the counsellor will determine subsequent session lengths with individual sessions typically running between 60 and 120 minutes and couples sessions running between 90 and 120 minute sessions.

*Please note that these fees are subject to change but you will be given advance notice.

Individual Sessions:

Sessions: 60 minute sessions @ \$120.00/hr + GST = \$126.00
 90 minute sessions @ \$120.00/hr + GST = \$189.00
 120 minute sessions @ \$120.00/hr + GST = \$252.00

Couples:

Sessions: 90 minute sessions @ \$120.00/hr + GST= \$189.00
 120 minute sessions @ \$120.00/hr + GST= \$252.00
 180 minute sessions @ \$120.00/hr + GST= \$378.00

Telephone Sessions:

Any conversations of a brief nature over the phone between therapist and client are included in the routine charges of sessions. If prolonged or repeated phone conversations are required, a fee of \$2.00/minute will be charged

_____ (Initial Here Acknowledging The Above Statement)

Insurance Companies and Extended Health Benefits:

Sessions with a **Registered Clinical Counsellor** can **sometimes** be claimed on extended health benefits. Clients will pay for their counselling services directly and then are responsible for submitting their claim to their insurance provider. **Please note that it is the client's responsibility to ensure their**

coverage prior to beginning our work together. The client will be provided with a receipt after each session that will contain all of the necessary session information (length and charge). **Insurance companies frequently do not accept counselling fees.**

Professional Consultation:

In order to ensure that I am providing my clients with the best possible service, I consult with professional colleagues and supervisors. Should I consult on my work with you, no identifying information will be used.

Confidentiality:

All communication between a counsellor and client is **strictly confidential** and cannot be released to anyone (ex/spouses, partners, parents, physicians, teachers, or Social Services) without your written consent. That being said, provincial laws and professional codes of ethics require reporting of all cases of child abuse of children under the age of nineteen (19) years, elder abuse or if you plan to harm yourself or others.

Complaints:

I am registered with the BC Association of Clinical Counsellors (Clinical Counsellor #3732). If you have any complaints with my professionalism and/or ethics, you may make a formal complaint to the Disciplinary Committee at any time by contacting:

BCACC, 14-2544 Dunlevy Street, Victoria, BC, V8R 5Z2
1-800-909-6303, www.bc-counsellors.org

General: Please feel free to discuss the above financial/office policies with your counsellor at any time.

I, _____, understand and agree to abide by these policies.

Signature: _____ Date: _____

Parent or Guardian (if under 19 years old)

Date: _____