

Debra Hartwell Psychotherapy and Counselling Service

Telephone: (604) 318-2351 debi@debihartwell.com www.debihartwell.com

400-604 Columbia Street, New Westminster, BC V3M 1A5

Located in the heritage brick building at the corner of 6th Street and Columbia Street
Pay parking on the upper ramp at the foot of 6th Street
At the top of the ramp turn to the left, there are two free guest spaces labeled BAAS 1 & 2
Remember to notify reception that you are in one of those spots!
There is also metered parking on Columbia Street
I am in suite 400 – check in with the receptionist.

Counselling Services Agreement and Intake Form

Please fill out and bring to your first session. If you are seeing me for couple’s therapy both partners need to fill out the following form.

How were you referred to me? _____

Name: _____

Home address: _____

Telephone: Home: _____ Cell: _____

email: _____

May I call you at home? Yes No Okay to leave a message at home Yes No

May I call your cell? Yes No Okay to leave a message on cell Yes No

May I email you? Yes No

Age: _____ Occupation: _____

Relationship status _____

Have you previously attended therapy? Yes No

If yes, briefly describe:

Why did you stop?

Please list all members of the household in which you live:

Name: _____ Relationship: _____ Age: _____

Physician’s name: _____ phone: _____

Emergency Contact Information

Name: _____
Relationship: _____
Phone: _____

Current Medications

(list all that you are currently taking and what they are prescribed for)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Describe the **concerns in your life today** that cause you to seek therapy;

Please list your **goals for therapy**;

- 1. _____
- 2. _____
- 3. _____

Are you involved in a Twelve Step group? Yes _____ No _____

If yes, which one (s)

CONFIDENTIALITY REQUIREMENTS AND LIMITATIONS

According to professional ethical guidelines the personal information you discuss in counselling sessions is confidential. No information will be released without your written authorization. However, there are situations in which I am legally required to disregard confidentiality. Specifically, **if you reveal information that indicates a clear and immediate danger of injury to yourself or others, or the abuse of a child, or if you are driving after being warned of having a medical condition that makes it dangerous for you to operate a motor vehicle, I am obligated to contact appropriate authorities. Counsellors are required to release records if subpoenaed by a court order.**

No Secrets Policy

Please note that with couple’s or family therapy the couple/family is the client not the individual. I have a **no secrets policy** that states that confidentiality does not apply between couples or family members when one member of the treatment unit requests an individual session or contacts me outside of the therapy session to share a secret. Occasionally, I may schedule an individual session only when mutually agreed upon. Please understand that any information given in the individual session will not be held

in confidence or secret in the couples or family session. I will encourage the person holding the secret to share at the next couple's/family session.

CLIENT RESPONSIBILITY

Individual counselling sessions are \$134 inclusive of tax. Sessions are based on the standard fifty minutes of counselling and ten minutes administration time.

Couples or family sessions are \$243 and are 1.5 hours long or 2 hours \$324 inclusive of tax.

Cancellation or re-scheduling requires twenty-four hours notice to avoid hourly costs. I ask you to accept personal responsibility for missed appointments. Please ask if you have questions regarding billing policy.

I will make every effort to return your call or email of a non-emergency nature within 24 hours during my work week. If this call or email arrives on the weekend or holiday, I will respond on the next workday. For emergencies I will make every effort to return your call within 24 hours and I ask that you call 911 or your family doctor for more immediate care.

I hereby accept services from Debra Hartwell Counselling Services under the terms and conditions, which have been reviewed with me:

- ✓ I have read and understand the therapy policies and informed consent.
- ✓ I understand the limits of confidentiality and mandated reporting by my therapist.
- ✓ I understand that emails, texting and cell phone conversations are not guaranteed as confidential.
- ✓ I understand the financial responsibility and fees charged.

Client Signature: _____ Date: _____

If you wish to pay by credit card please fill out the following:

I authorize Debi Hartwell to charge my credit card.	
___ Visa ___ MasterCard ___ American Express	
Card Number:	_____
Name on Card:	_____
Expiry Date:	_____
Signature:	_____