



# **Courtenay Crucil**

Counselling & Consulting

3B – 5775 Har-Lee’s Place Road

Terrace, BC, V8G 0J9

250-816-7062

connect@courtenaycrucil.com

## **BCACC Registered Clinical Counsellor #12891**

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### **CLIENT INFORMATION**

<b>Name:</b>	<b>Preferred gender pronoun:</b>
<b>Ethno/cultural background:</b>	
<b>Date of Birth:</b>	<b>Current Age:</b>
<b>Telephone:</b>	<b>Alternative:</b>
<b>Can I leave a detailed message on the number(s) above? Yes / No</b>	
<b>Personal email address:</b>	
<b>Home Address:</b>	
<b>Who are you currently living with?</b>	

### **EMERGENCY CONTACT**

Please provide the name and number of an individual that could be contacted in case of an emergency. In the case that you require medical assistance, emergency services would be contacted and relevant information for your immediate care would be relayed. If such an incident were to occur, I would contact the person below and inform them of the situation and your whereabouts.

**NAME** \_\_\_\_\_

**RELATIONSHIP TO YOU** \_\_\_\_\_

**CONTACT NUMBER** \_\_\_\_\_



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## **PRACTICE POLICIES**

### **CONFIDENTIALITY**

All discussions in therapy are private, between you and I. Information about counselling sessions will not be released to anyone without your informed, voluntary, and written consent. In fact, I will not even disclose that you and I are working together in therapy without your written permission and consent to do so.

#### **EXCEPTIONS INCLUDE:**

- When there may be imminent danger or harm to yourself or others, I am mandated to report this to the appropriate individual or agency (i.e., police, psychiatric emergency personnel, significant other, threatened person);
- When there is suspicion or disclosure of abuse of vulnerable persons, such as a child, minor, senior or person with a disability; and
- If you are involved in legal action, my records may be subpoenaed by a court of law. Please notify me if that is or becomes the case.

Every reasonable effort will be made to discuss these circumstances with you prior to the involvement of other professionals.

Also, in order to provide the best service possible, I may consult with another professional or a Clinical Supervisor about our work together. In this case, your name and other identifying information would not be shared.

**Children and youth** have a right to confidentiality. Parents/Guardians do not have the automatic right to know what a child has told their counsellor, however, I believe that children are best served when parents/guardians participate in the therapy process. Under the laws of British Columbia, children of a certain age have the right to consent to their own treatment, and this right extends to confidentiality with a therapist. This age is not specified in law, and depends in part on the maturity of the child.

For **couples counselling**, please understand that my policy is to “have no secrets” between myself and the partners in the therapy. If you have concerns about this, please speak to me directly.

### **COLLECTION AND STORAGE OF PERSONAL INFORMATION**

Storage and collection of client information is in accordance with the Personal Information Protection Act (PIPA) and in accordance with the BC Association of Clinical Counsellors’ guidelines. If you have any questions regarding this, please talk to me directly.



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## **FEE POLICY**

My current fee is \$115.50 per hour for individual counselling, which includes 5% GST.

*I ask that you please pay the amount owing for your appointment in full at the beginning of each session either by cash, check, Interac email money transfer if in Canada or Paypal if outside of Canada.*

If using email money transfer, please use the following security question:

Q: Weekday of our appointment?

A: [the day of the week we are meeting on]

A receipt will be emailed to you after payment is received.

## **EXTENDED HEALTH BENEFITS AND INCOME TAX**

Clinical counselling fees are not covered by MSP but may be completely or partially covered by your extended medical plan. They may also be deductible as a medical expense on your income taxes. Please speak to your accountant to determine your eligibility.

## **CANCELLATION POLICY**

When you and I schedule an appointment, that time slot is reserved for you; it becomes yours and yours alone. Barring any unforeseen medical or personal emergency, please be sure to notify me **at least 24 hours** prior to any scheduled appointments that you might need to cancel. Failing this, I will unfortunately have to bill you the full fee for any appointment missed without sufficient early notification. I would truly appreciate your attention to this. Thank you.

## **CONTACT AND COMMUNICATION**

I can be contacted by phone at 250-816-7062 or by email at [connect@courtenaycrucil.com](mailto:connect@courtenaycrucil.com). Please do not use email for confidential information.

Due to the nature of email communications, confidentiality cannot be guaranteed although best practices are in place. Please note that I do not answer emails or telephone calls outside of office hours. Upon receipt of an email or phone call, I do my best to respond *within two business days*.



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## **ADDITIONAL CLIENT RIGHTS**

- Clients have the right to ask any questions about the therapeutic process, my theoretical orientation, my training/educational background, and our work together. In fact, I warmly welcome any AND all feedback, questions or comments that arise about AND within our work together... as therapy is most effective when it is a truly collaborative process.
- Clients have the right to refuse particular counselling interventions.
- Clients have the right to withdraw this consent at any time. Please provide this in writing wherever possible.

Please make a copy of this document for your files and either bring a signed copy with you to your first therapy appointment or email the signed document to me as an attachment. Thank you.

I very much look forward to supporting you on your healing journey.

Warmly,

*Courtenay*

My signature below confirms that I have had the opportunity to carefully read these pages, to ask questions and to raise any concerns I may have. I have had the opportunity to discuss this document with Courtenay Crucil, and have had my questions answered to my satisfaction. I acknowledge that I have understood the information contained within. I understand my rights as a client and I agree to the terms of this document.

Client Name	Client Signature	Date
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Courtenay Crucil, MA, RCC	Date
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