

# Session with Veronique Rioux

Contact email: [info@vancouverislandholisticcounselling.ca](mailto:info@vancouverislandholisticcounselling.ca)

(250) 740-0886

## **INFORMED CONSENT**

The purpose of this informed consent is to make you aware of your rights and responsibilities as a client, my rights, and responsibilities as a counsellor, go over the limits of confidentiality, give you some insight into the approach that I use and what you can expect from participating in a counselling relationship with me.

I counsel from a combination of perspectives that include transpersonal, Family Systems Theory and person-centered, Gestalt and transpersonal orientations. Transpersonal counselling is centered on the spiritual aspects of human life and Family Systems Theory is based on who you became in the family you grew up in. Therefore, I will ask you questions about your family history and look at how it may relate to your current situation. We will examine patterns in your life you may feel are not effective, look at the beliefs that drive them and explore new options. During counselling strong emotions and feelings can arise and overcoming your own personal struggles may require courage and persistence.

All information we share together is strictly confidential unless one of the following should occur:

1. The courts subpoena our files.
2. We are subpoenaed as a witness in court.
3. We suspect cases of child abuse that have not been previously reported. This includes physical harm, sexual abuse, sexual exploitation and emotional harm. In this case we are required by law to report to the Ministry for Children and Families.
4. If you threaten to harm yourself or another. In this case we are also required to report this to the proper authorities.
5. If something comes up which I feel is relevant for instructors to know I am required to seek supervision from them.

It is important for you to understand that you are the primary decision-maker in the direction your therapy takes and therefore you have the right to full and active participation in the decisions that affect you. In addition, you have certain rights, which include the right to:

- receive an appropriate referral to other resources as needed.
- accept or reject any task, exercise or procedure suggested by me.
- be made aware of the rationale, risks, and benefits of any and all counselling interventions.

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If you do not understand fully any portion of this statement, or have questions about it, please do not sign below. You may request that we go over this disclosure and clarify any questions you may have.

In the event of a counselling crisis and are unable to reach me please call the **Vancouver Crisis Centre @ 1-800-784-2433**. They have trained crisis counsellors available by phone 24/7 to take your call.

By signing below, I indicate that I have fully read, understand, and agree with the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Date