

PERSONAL INFORMATION (for couples please have your partner fill in another form):

Name: _____ Date: _____

Address: _____ City: _____

Postal Code: _____ E-mail: _____

Home Phone: _____ Okay to leave a message? Yes No

Cell / Business Phone: _____ Okay to leave a message? Yes No

Gender(identify as): Male Female Religious Affiliation: _____

Marital Status: Married Common Law Dating Engaged Widowed
 Separated Divorced Re-married Single

PARTICULARS: Counseling will involve: Family Couple Self Only

1. Have you ever been involved in therapy or any other type of counseling? Yes No

If yes, when: _____ Where: _____

Reason(s): _____

2. Are you in treatment with another counselor at this time? Yes No

3. Reasons for considering counseling at this time? _____

4. What concerns/problems are you currently experiencing? _____

5. What are your expectations from therapy? _____

6. How did you find out about us? Website Street Advertising Friend Referral Facebook Google
 Yellow pages Phone book Yellowpages.ca BCACC Other _____

7. Did you call to see a specific counsellor? Yes No If yes, which one?

Lawrence Stoyanowski Darren Wilk LaVerna Wilk Stephanie Hall

Aleesa Sutton Michele Gruenhagen Duncan O'Mahony



DISCLOSURE STATEMENT

#202, 6350 204 Street Langley BC V2Y 2V1

Lighthouse Therapeutic Services places a high value on confidentiality. We make every effort to ensure the protection of discussions in therapy. It is possible that courts might require disclosure of client records if they contain information related to legal proceedings. Please feel free to ask your therapist at any time about these or other issues.

Lighthouse Therapeutic Services, like all therapists in the Province of British Columbia are required to report all, or any of the following, to the proper authorities:

1. Any instance of child abuse.
2. Any threat of harm to one another.
3. Any threat of harm to oneself.

I have read, understood, and agree to accept these terms.

Date: _____ Client (print name): _____

Signature: _____

Date: _____ Therapist (print name): _____

Signature: _____

If you are receiving Couples' Counselling, please read and initial the following Disclosure statement:

While I have taken training in the Gottman Method of couples therapy and have become a Gottman Therapist, I want you to know that I (or my agency, if applicable) am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

Clients' Initials: _____

Couples "No Secrets" Policy

When clients enter couples counseling, their rights to confidentiality within the therapy is waived. It is not therapeutically advisable for the therapist and one partner to hold confidential information from the other partner. This doesn't mean that things are automatically shared but clients will be strongly encouraged to share pertinent information. A culture of secrecy disrupts the effectiveness of couples therapy. Thus, if you participate in couples therapy, you will be voluntarily waiving the right to confidentiality with your partner who is also participating in therapy. Do not tell me anything you wish to keep a secret from them as I reserve the right at my discretion to share information I deem helpful to therapy.

Clients Initials: _____



THERAPY AGREEMENT

#202, 6350 204 Street Langley BC V2Y 2V1 info@bestmarriages.ca

Thank you for choosing Best Marriages/Lighthouse Therapeutic Services!

Our commitment is to provide you with the highest quality service and ensure your emotional well-being is of the utmost priority.

In your first session, the counselor will discuss the concerns that brought you to therapy and briefly describe how therapy works along with his or her approach. **An individual therapy session lasts 50 minutes, and a relationship session lasts 80 minutes**, at the end of which, the payment agreed upon is due. The number and frequency of sessions depends on the client and the nature of their concerns.

In order for therapy to be successful, it is essential that clients attend sessions, make a sincere effort to work on the issues brought forth and follow through on activities between sessions. If there is an emergency between sessions, please contact your physician, your local hospital emergency or local crisis line.

COST

The cost of therapy before 5pm is \$140.00 per 50 mins plus GST. If longer sessions are necessary, billing is calculated by fifteen minute increments. All evening appointments, beginning at 5:00 p.m. and after, will cost \$150.00 per 50 mins, plus GST. (Please note that most couples sessions are 80 mins in length) Telephone and Skype counselling sessions will be calculated at our hourly rate.

CANCELLATION POLICY

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another client. As such, we require 48 hours notice for any cancellations or changes to your appointment. Clients who provide less than 48 hours notice, or miss their appointment, will be charged for 50% of the missed appointment.. Clients who cancel within 24 hours are subject to being charged for the entire missed visit at their counsellors discretion.

You will be billed for appointments canceled with less than forty-eight hours' notice.

Clients Initials: _____

CONFIDENTIALITY

- We place a high value on confidentiality of the information clients' share with their therapist. We make every effort to insure the protection of discussions in therapy. Your therapist will discuss the following limits of confidentiality with you if you have any questions.
- If, during the course of therapy, information emerges that clients may harm themselves or others, or information about the abuse of children comes up, then the therapist may be legally obligated to inform authorities.
- It is also possible that courts might require disclosure of client records if they contain information related to legal proceedings. You are welcome to ask your therapist at any time about these or other issues.

If you wish to discontinue therapy at any time, it is strongly suggested that you have a final session with your therapist. It is often during the most difficult and upsetting times that therapy is discontinued and as well, if at any time your therapist feels that the current therapy is not in your best interest, he or she will notify you of such immediately. Other options will be offered.

This agreement is not a commitment to a pre-determined number of sessions.

I, (print name) _____, have read, understood, and agree to accept these terms.

Date: _____ Client: _____
(Print Name) (Sign Name)

Date: _____ Therapist: _____
(Print Name) (Sign Name)