Amar Sangha Counselling

Client Information and Consent Form

Counsellor: Amar Sangha, MSW, RCSW #03228, RCC #15358
Practice Location: 11548 84 Avenue, Delta, BC V4C 2M1
Phone: 604-842-7340 **Fax:** 604-628-3841
Email: amar_sangha@hotmail.com

1. Client Contact Information

- Client Name: _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____
- Preferred Method of Contact: ☐ Phone ☐ Email ☐ Text ☐ Other: _____
- Permission to Leave a Voicemail: ☐ Yes ☐ No
- Permission to Send Appointment Reminders by Email or Text: ☐ Yes ☐ No

2. Emergency Contact Information

- Emergency Contact Name: _____
- Relationship to Client: _____
- Emergency Contact Phone Number: _____
- I understand that my emergency contact may be contacted only if there is a serious concern about my immediate safety, the safety of another person, or another urgent clinical or legal concern.

3. Counselling Services

- I understand that Amar Sangha provides counselling services as a Registered Clinical Social Worker and Registered Clinical Counsellor, including telephone counselling, online video counselling, in-person counselling, and couples counselling.

- I understand that counselling may include discussion of personal, emotional, social, behavioural, family, relationship, work, health, cultural, spiritual, and mental health concerns.
- I understand that counselling is a collaborative process and that results cannot be guaranteed.

4. Fees and Payment

- I understand the current session fees are listed as follows: telephone counselling $130, online video counselling $140, in-person counselling $150, and couples counselling $180.
- I understand that payment is accepted by cash or email transfer, and that credit cards are not accepted.
- I understand that payment must be made immediately after counselling sessions.
- I understand that official receipts will be provided and may include Amar Sangha's RCSW and RCC registration numbers for insurance or tax purposes.
- I understand that reimbursement depends on my own extended health benefits plan, and I am responsible for confirming coverage directly with my insurer.

5. Cancellation and No-Show Policy

- I understand that cancellations with less than 24 hours' notice or missed appointments may be charged 50% of the full session fee.
- I understand that repeated missed appointments or late cancellations may result in a discussion about whether counselling should continue or be rescheduled in a different way.

6. Confidentiality

- I understand that counselling is confidential and that my personal information and counselling records will not be shared without my consent, except where disclosure is required or permitted by law or professional ethical standards.
- I understand that limits to confidentiality may include situations where there is a serious risk of harm to myself or another person, concern about the safety

or protection of a child, minor, or vulnerable adult, a court order, subpoena, legal requirement, or another situation where disclosure is required by law.

- I understand that only the minimum necessary information will be shared if disclosure is required.

7. Records and Privacy

- I understand that Amar Sangha Counselling will collect and maintain basic personal information, counselling notes, payment records, appointment records, and other information reasonably required to provide counselling services.
- I understand that my records will be kept confidential and stored as securely as reasonably possible.
- I understand that I may ask questions about how my personal information is collected, used, stored, or disclosed.

8. Online, Video, Telephone, and Email Communication

- I understand that telephone, video, email, and electronic communication may carry privacy risks, including technical failure, unauthorized access, misdirected messages, or interruptions.
- I agree to take reasonable steps to protect my own privacy during telephone or video sessions, including attending from a private location and using a secure device whenever possible.
- I understand that email and text should generally be used for scheduling and administrative matters, not for urgent mental health concerns or detailed clinical information.

9. Emergencies and Crisis Situations

- I understand that Amar Sangha Counselling is not an emergency or crisis service.
- I understand that if I am in immediate danger, thinking of harming myself or someone else, or experiencing a mental health emergency, I should call 911, go to the nearest hospital emergency department, or contact a local crisis line such as the Fraser Health Crisis Line.

10. Consent to Counselling

- I confirm that I have read and understood this consent form, have had the opportunity to ask questions, and voluntarily consent to receive counselling services from Amar Sangha, MSW, RCSW, RCC.

Client Name: _____

Client Signature: _____

Date: _____

Counsellor Signature: _____

Date: _____