

# *Information & Consent Form* (2024)

Heather Macmillan, RCT, CCC

**Please thoroughly read the below information.**

## **Background**

I hold a Master of Education degree in Counselling. I am a Canadian Certified Counsellor and Registered Counselling Therapist. I adhere to the Code of Ethics and Standards of Practice of the Canadian Counselling and Psychotherapy Association and the Nova Scotia College of Counselling Therapists. For your reference, please see: [ccpa-accp.ca](http://ccpa-accp.ca) and [nscct.ca](http://nscct.ca).

## **Confidentiality**

- To better treat your case, I may consult with supervisors and other mental health professionals. Although I do not share names or identifying information, it is important that you are aware of and agree to this.
- All session content is kept within the strictest confidentiality. Except as mentioned above, I will not share information about you with any other person, professional or agency without your written permission.
- If ordered by subpoena to release my records or to appear in court, I am legally bound to do so. In these rare cases, I continue to make every effort to protect your privacy.
- All of your personal information will be kept in a secure place, and you may have access to your file at any time. Generally I take notes to help me keep track during sessions.
- If we happen to meet elsewhere in the community, please let me know whether and how you wish to be acknowledged. I will make every effort to maintain the level of privacy you prefer.

## **Safety**

- If I become concerned that you might harm yourself or someone else, or if I discover that a child or elderly person in your care is in danger of being harmed emotionally or physically, I am required by law to report it. Ideally, we would be able to discuss together the best way to go about this.

## **Attendance**

- If you miss an appointment or cancel **with less than 24 hours notice**, you will be asked to pay 50% of the fee (\$71/55 minute sessions/ \$86/1.5 hour sessions). **There are no exceptions to this cancellation charge.** Please note that this cannot be covered by your insurance or Employee Assistance Plan (EAP) plan. **A credit card number will be kept on file for the payment of any late cancellations. Please initial here: \_\_\_\_\_**
- I generally follow up by phone or email after a cancellation or no-show. Please let me know if you prefer no follow-up calls.

**I welcome questions and feedback about our work together. Please indicate by signing below that you have read the above statements and consent to therapy under the conditions outlined.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_