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# DOUGLAS COLLEGE COUNSELLING

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## INFORMATION & CONSENT TO COUNSEL FORM

*Please read prior to your appointment*

### **Counselling:**

People often attend counselling because they want something to be different in their lives. At Douglas College, we offer short-term counselling for current students. In confidential counselling appointments, you will have the opportunity to explore your concerns and work collaboratively with the counsellor to reach your goals. Making changes can be hard work and may involve experiencing and dealing with challenging issues and feelings. However, through the counselling process, clients often report a greater sense of wellbeing, confidence, self-understanding, relief, and strength to deal with life's ups and downs.

### **Confidentiality:**

We respect the concerns you may have about the privacy of the material that you share with your counsellor. This information will be held in the strictest confidence.

Exceptions to confidentiality are:

- By law, counsellors must report if you tell them of clear harm to self or others, so they may take measures to prevent this from happening.
- By law, counsellors must report instances of current child abuse.
- If a counsellor or their files are subpoenaed, they must disclose what is requested by the courts.
- If you provide signed consent to release information to third parties.

The college community works collaboratively to ensure the well-being of students:

- Your counsellor may consult with other Douglas College counsellors for the purpose of seeking supervision and resources.
- Key college personnel may also be consulted when there is potential risk to the individual or broader college community. Only relevant and necessary information would be shared.

If you are meeting with a Counsellor about Academic Probation:

- Your counsellor will communicate to Douglas College Enrollment Services to confirm appointments completed and request clearance of your academic probation registration hold.

### **My Responsibilities as a Client (In person and remote counselling sessions):**

- I am responsible for ensuring confidentiality and security during remote counselling by closing other programs on my computer or phone while in a session and planning ahead to minimize distractions. I agree to not answer calls or text messages during my appointment.
- I understand that counselling via phone or video has risks. While we have security settings on Zoom, we cannot guarantee our conversations will not be intercepted.
- I also agree to be available for the phone call or to join the video meeting online five minutes prior to the scheduled counselling appointment (preferably in a quiet room alone with the door closed). Headphones may be used to increase privacy of session.
- I agree that I will not drive during remote counselling sessions, both for safety reasons and to minimize distractions that may impede the counselling process.
- I agree that I will not video or audio record the session.
- I agree to review this INFORMATION & CONSENT TO COUNSEL FORM prior to starting counselling sessions.



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**Counsellor Responsibilities:**

- The counsellor will be on time to begin the session with the client at the scheduled appointment time.
- The counsellor will ensure they are alone in a private space with a high quality, password protected Internet connection when remote counselling.
- The counsellor will ensure all other distractions are eliminated during the counselling session.
- The counsellor will not video or audio record the session (without prior permission)
- Technical problems may occur for remote sessions. If a session is disrupted, the counsellor will attempt to re-establish contact and continue the session online or by phone. If technical difficulties persist, the counsellor will work with the client to reschedule the session.

**Note:**

In order to give all students the best help possible, it's important to be ready five minutes before your scheduled appointment. If you are not present for the session after 15 minutes, you will need to re-book your appointment.

**Please direct any questions or concerns to your counsellor.**

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**Acknowledgement & Consent:**

I have read and understood the above information and consent to working with the counsellor.

**Client Name:** \_\_\_\_\_ **Student #:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Phone #:** \_\_\_\_\_

**Counsellor Initials:**