



Unburdened Counselling Center – Terms of Service

Welcome to Unburdened Counselling Center. By engaging in our services, you agree to the following Terms of Service which outline your rights and responsibilities as a client. Please read this agreement carefully and ask any questions before signing.

1. Confidentiality

Your privacy is of utmost importance. All information shared in sessions is confidential and protected by law. Exceptions to confidentiality include:

- Risk of harm to self or others
- Suspected abuse or neglect of a child, elder, or dependent adult
- Court order or legal requirement to disclose (e.g. subpoena)
- Written consent from you to disclose specific information to a specific person
- If a client files a complaint or claims professional liability by the counsellor/therapist in a lawsuit

2. Documentation

Counsellors/therapists have an ethical responsibility to create and maintain client records. This duty is essential to the maintenance of an appropriate standard of care. Clients have a right to their records and will gain access to them in a timely manner after the request has been made. Records are kept for 7 years after the date of the last session and/or 7 years past the client's age of 18.

3. Appointments and Cancellations

Sessions are by appointment only and typically last 50 minutes unless otherwise stated.

- Sessions must be cancelled with 24 hours' notice.
- Missed appointments or late cancellations of less than 24 hours' notice will be charged in full.

4. Fees and Payment

- Fees for service are collected at the end of each session. Credit, debit, cheque, or exact cash is accepted (change is not kept within the office space).



5. Scope of Services

Unburdened Counselling Center provides professional counselling services by appointment only. We do not offer medical, legal, or crisis services. We often inquire about physical conditions that could be connected to the reason you are seeking our services. We may also recommend other physical investigations if physical symptoms seem to be interfering with therapy/mental wellness. In the case of an acute emergency, please utilize the following services.

- 811 (medical advice and/or mental health advice)
- 988 (text or call) Suicide Helpline
- 911
- Go to your nearest hospital Emergency Room

6. Communication Policy

With your consent **emails** will be used for appointment confirmation, reminders, updates, invoices and receipts. Email can also be utilized for sending handouts or materials as needed. Please note: Email is not secure for discussing sensitive content.

Do you consent to receiving emails from Unburdened Counselling Center?

Yes No – if not, please provide preferred method of contact _____

Website, phone call, and email are the preferred methods of communication to book and/or cancel appointments, or answer questions you may have. We do not encourage communication via text message.

Do you consent to Unburdened Counselling Center leaving you a brief voicemail at the number provided? Yes No

7. Informed Consent for Virtual Therapy and Audio Recording

Virtual Therapy:

Virtual (phone/video) sessions are offered upon request and may be a good option for those located outside the Moose Jaw area, or for those wanting service but are unable to travel due to weather conditions or other obstacles. Unburdened Counselling Center uses doxy.me for video conferencing which is HIPPA approved. A link for our session will be sent out by email prior to our appointment time. By consenting to virtual therapy, you acknowledge and understand that:

- Sessions may be subject to limitations beyond our control (e.g. technical disruptions, privacy concerns on your end).
- You are responsible for ensuring a private, quiet space for sessions.

I consent to virtual therapy sessions.

I do not consent to virtual therapy sessions.

Audio Recording:

Sessions may be audio recorded for professional development, supervision, or record-keeping, but only with your written consent. You have the right to:

- Decline to be recorded.
- Withdraw consent at any time.

I consent to audio recording of sessions for clinical purposes.

I do not consent to audio recording of sessions.

8. Therapist-Client Relationship

The client-therapist relationship is a professional relationship with the purpose of aiding you on your journey of healing. Due to living in a small community, it is likely that our paths will cross outside of counselling. A discussion on how you would like these interactions to be handled will occur during our first session. Social or business relationships outside of therapy are discouraged in order to maintain professional boundaries. Should you desire to receive counselling services and have a previous social relationship with your therapist, benefits and complications of same will be discussed prior to agreeing to offer/receive services.

9. Termination of Services

Services may be terminated if:

- Service goals have been met.
- You or the therapist decide that counselling is no longer beneficial.
- There is a breach of boundaries, policies, or non-payment.
- A referral may be offered if appropriate.

10. Counselling of minor

For children under the age of 18 years, legal guardians must provide consent for the child to receive counselling services. Children will receive confidential services and will also provide consent stating that they are accepting of the services offered. Confidentiality is important for children to build trust in the therapist and engage in the therapeutic process. However, parents will be provided information on a need to know basis and/or through family sessions where the child is able to explain what they are learning or working through.

Client Acknowledgment and Consent

I have read, understood, and agree to the terms outlined in this Terms of Service. I have had the opportunity to ask questions and understand my rights and responsibilities as a client.

Client Name: _____

Counsellor Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Guardian 1 Name: _____

Guardian 2 Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____