



THE SPACES BETWEEN

Liz Coleman RTC
Registered Therapeutic Counsellor

tel. 604 809 8947

POLICIES AND FEES

This information is intended to assist my clients in understanding the services provided at The Spaces Between Counselling regarding my approach, appointments, fees, insurance coverage, and other topics.

What to Expect: The counselling process is one of the benefits and risks. Some of the benefits may include gaining personal insight, learning new ways to cope and overcoming/changing behaviors that are causing you difficulty or pain in your life. Your relationships with self and others often strengthen as you learn new ways to relate to self and others. Some of the risks of counselling may include evoking strong emotions or painful memories. If at any time you have questions or concerns about the counselling process, please do not hesitate to talk to your counsellor about them.

Appointments: In-person sessions are available in the Surrey BC area as well as by Phone or Online for your convenience to accommodate your busy schedule. Although I'll endeavour to give you a convenient time, it's best to book a few sessions in advance to ensure that the time is available and reserved for you

Cancellations: **24-hours notice is required for all cancellations** or you will be charged for the session. If a crisis or illness arises, you must contact me by phone for cancellation or rescheduling.
Note: in case of weather emergencies, sessions will be held at the appointed time by phone or online (instead of in-person).

Lateness: If you are late for a session, the session will end at the time previously scheduled. If I am late, the session will end within the paid-for time.

Payment: Payment is due at the beginning of each session and can be made by cash, check, e-transfer, or credit card through Paypal or Square. I will provide an emailed receipt for your records and reimbursement purposes.

Session Fees: For in-person, phone, or online sessions. **GST included**

Individual Session -	60 mins @ \$120
	90 mins @ \$170
Couples Session -	60 mins @ \$140
	90 mins @ \$190

Counselling Letter for Court - \$20

Policy or Rate Changes: I will send you an email one month in advance of any policy or rate changes then we can discuss it at your next session.

Frequency: Two things determine the frequency of your sessions, the urgency of your goal, and the impact of the current dilemma on your quality of life. Common is once or twice a week.





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Insurance: If you have extended health benefits, you might be eligible for reimbursement. Please check with your insurance carrier to see if they cover Registered Therapeutic Counsellors or Registered Clinical Counsellors. If needed, my registration number is - RTC #1064

Contacting me: Phone or email is the most convenient method of contacting me. In most cases, I will reply within 24 hours. If I am not available to respond to an emotional crisis or emergency, please call the Surrey Crisis Line @ 1-800-SUICIDE or 310-6789.

Boundaries & Ethics: Should I see you outside of a session, I am always in a supportive role and will not approach you to respect your confidentiality. If you would like to greet me or introduce me to someone you may be with, that decision would be yours.

Hours of availability: I am available between sessions Monday to Friday 9 to 8 pm by phone or email for issues relating to homework or previous session's issues. For new issues, a session will be scheduled and non-emergencies can be discussed at your next booking.

Confidentiality: I am bound by a professional code of ethics and will not disclose the information we share in session except for these three situations.

1. The courts subpoena my files, or I am subpoenaed as a witness in court.
2. If child abuse is suspected, which has not been reported, including physical and emotional harm, sexual abuse, and sexual exploitation. In this case, I am legally required to report to the Ministry for Children and Families.
3. If I suspect you may harm yourself or another, I am required to inform the proper authorities.

I occasionally find it helpful to consult with other professionals. If I do, I will withhold any identifying information.

Holidays: From time to time, I will not be available for sessions due to holidays or other commitments. These will be emailed to you in advance.

I have fully read, understand, and agree with the above.

Signature

Date

X





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CLIENT INTAKE FORM

Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:		City:
Province: BC		Postal Code:
Home #:	Cell #:	Work #:
Email:	DOB:	It is okay to leave messages: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Phone <input type="checkbox"/> Email
Emergency Contact:		Contact #:
Doctor's Name:		Doctor's Ph #:
Can I let your Doctor know you are in counselling?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship Status?

Length of time in Relationship?

Have you been in counselling before?

Yes No

If yes, when? (mm/yy)

Please briefly explain what your previous counselling was for:

What was your reason for stopping?

What has brought you to counselling?

What is your desired outcome for counselling?

Religious upbringing?

or Life Philosophy?

Have you ever had thoughts of suicide? Yes No If so, when?

Do you have a family history of:

Mental illness Physical illness Drug or Alcohol Misuse Other

If Other, please Elaborate:





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Have you ever been diagnosed by a psychologist or psychiatrist with any kind of mental disorder?

Yes No If so, what was the disorder and how long ago?

Are you taking any medication? Yes No

Type of Medication:	Dosage:	Reason for Medication:

Current Symptoms Checklist:

- Depressed mood Racing thoughts Excessive worry Unable to enjoy activities
- Impulsivity Anxiety attacks Sleep pattern disturbance Increase risky behavior
- Avoidance Loss of interest Increased libido Hallucinations
- Concentration/forgetfulness Decrease need for sleep Suspiciousness Change in appetite
- Excessive energy Excessive guilt Increased irritability Fatigue Crying spells
- Decreased libido _____ _____

How would you like to pay for sessions? Cash/Check/Bank Transfer/Paypal/Credit Card

How did you find out about The Spaces Between Counselling?

If Referral please let me know so I can thank them:

I hereby state that I have disclosed all of the above information freely.

I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counselling.

I further understand that much of the work done will be to resolve issues, and will depend on my honesty and willingness to do the things I need to do to move forward, even if it is painful and difficult.

Liz Coleman

Signature

Date

By signing you acknowledge you have read and agree with the above statements.

