



Date: _____ Counsellor's name: _____

Client Name #1: _____

Birth date: _____ Age: _____

Home Phone: #1 _____ #2 _____ Is it okay to leave a message Yes No

Work Phone #1 _____ #2 _____ Is it okay to leave a message Yes No

Cell Phone #1 _____ #2 _____ Is it okay to leave a message Yes No

Home Address: _____ Postal Code: _____

Email Address: _____

Employer: _____ Occupation: _____

Client Name #2: _____

Birth date: _____ Age: _____

Email Address: _____

Employer: _____ Occupation: _____

Name(s) and ages of Child(ren): _____

Please provide current Doctor's name: _____

Do you have any medical conditions? _____

Are you currently taking medications? (If yes, please specify): _____

Emergency Contact (name and phone number): _____

What do you wish to achieve with counselling or life coaching?

(over →)



How did you hear about us? (check any that apply)

- | | |
|------------------|------------------------|
| Word of mouth | Aspire Too website |
| Friend or family | Advertisement (where?) |
| Doctor | Employer |
| Internet search | Social Media |

From time to time we may send emails and updates about what's going on at Aspire Too, including interesting and relevant articles and advice columns. Would you like to receive these emails? **Yes** **No**

Appointments:

- All office visits are by appointment and may be scheduled by calling (306) 382-2391. We also have convenient online scheduling on our website at www.aspiretoo.ca
- The counselling session length is 55 minutes /\$132.50 (GST included), and coaching session length is 45 min/\$132.50 (GST included). Methods of payment include Cash, Cheque, Debit, Email Money Transfer, Mastercard, and Visa.
- **A cancellation notice of 24 hours is required to avoid being charged in full.**

Confidentiality: Counselling & Life Coaching often involves sharing sensitive, personal, and private information. Recognizing this, laws and ethical guidelines require that all interactions with *Aspire Too* clinicians, including content of your sessions, your records, scheduling of or attendance at appointments, and progress in counselling are confidential. Information will not be released without your signed consent.

We are required by law and ethics to disclose confidential information when:

- Information is disclosed indicating a child is in need of protection from harm
- There is a threat of aggression or violence towards others
- To prevent suicide
- A court order is received compelling disclosure of file information

I/We have read, understand and agree to the above policies.

Typing your name(s) below indicates your express consent in place of a written signature.

Client Signature(s): _____

We are often contacted by insurance agencies (Blue Cross, Great West Life, etc.) to confirm DATES of appointments attended (no other information will be released). Please sign the additional consent if you are in agreement for us to release this information in the event we are contacted by your insurer.

CLIENT SIGNATURE _____



CONSENT to "Remote Care" via Email, Telephone, or Video:

- Email is a convenient method of communicating, however there are vulnerabilities such as if there is a service disruption, interception or delay for any number of reasons including those outside of the control of your counsellor and of Aspire Too.
- By communicating with your counsellor/Aspire Too by email, you acknowledge and accept these risks, and consent to the use of email for the purpose of mutual communications. Unless otherwise expressed by you, consent is assumed when communicating via email correspondence between yourself and your counsellor/Aspire Too.
- Just like online shopping, "Remote Care" via email, video, and phone has some inherent privacy and security risks that your private information may be intercepted or unintentionally disclosed. While your counsellor/Aspire Too has taken the appropriate measures to ensure your privacy and confidentiality as much as possible, the risk remains and it is possible that, through your participation in remote care services, your privacy could be compromised. We want to make sure you understand this before we proceed.
- In order to improve privacy and confidentiality, it is recommended that you take steps to participate in remote care communications in a private setting and should not use an employer's or someone else's computer/device as they may be able to access your information. Headphones or ear buds during remote care communications are recommended to increase your privacy.

By typing your name below and forwarding this attachment via email to an Aspire Too clinician, you agree to accept the potential risks of participating in remote care options (email, telephone, video) with your counsellor/Aspire Too.

Name

Date