

PROFESSIONAL DISCLOSURE AND INFORMED CONSENT

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My Professional Qualifications

Ph.D. Philosophy of Education; MA Counselling Psychology; Senior Teaching Member, Canadian Association for Sandplay Therapy (CAST) and the International Society for Sandplay Therapy (ISST); Registered Member, BC Association of Clinical Counsellors (BCACC); Clinical Fellow, American Association for Marriage and Family Therapy (AAMFT). In addition to providing sandplay therapy and counselling therapy, I provide training and supervision in sandplay therapy and consultation to other professional counsellors.

Our Agreement

Please provide your name and address:

please print

Your email _____ Cell phone _____

Please provide the name and phone of an emergency contact

Limits of Confidentiality

The services you receive are private and confidential, with these exceptions:

- Suspected or confirmed child abuse must be reported to the Ministry of Children and Family Development;
- Danger to self or others (e.g., suicidality, making threats, driving while intoxicated);
- Court order for release of records or for testimony;
- Supervision/consultation. I will ensure that I and anyone involved are bound to maintain strict confidentiality;
- Client written consent to release of information for other persons, agencies, or institutions, e.g., physicians, psychiatrists, specialists.

24 Hours Notice of Cancellation

Please email, call or text me at least 24 hours before a session you wish to cancel.

Referrals

Should you present issues that are beyond the scope of my practice, I will provide two to three referrals including programs or professionals who may be available to assist you.

Fees and Receipts

My fee is \$125/hour, which you may pay by e-transfer or cheque. I will issue a receipt by email.

Telephone or video counselling

In-person counselling is preferable in order to enhance the therapeutic relationship and the experience of therapy with visual information not accessible online or by telephone. However, where telephone or video counselling is necessary, or is desired by you, the following applies:

- a. The session will not be recorded without your permission;
- b. My computer is password-protected; I use a video platform that secures and protects privacy. Even with these measures in place there remains a very low risk of breaches of privacy or confidentiality. To minimize this risk, I do not communicate with clients via social media;
- c. In the event of an emergency involving possible harm to yourself and/or others, I will contact emergency services through 911, or the emergency contact you have provided.

Complaint Process

I am registered with the BC Association of Clinical Counsellors (BCACC). If you have any ethical complaints with regard to my professionalism and/or ethics, you may make a formal complaint to the Ethics Committee (bc-counsellors.org). This Committee will investigate, process, and where possible, resolve the complaint.

your signature

date

Beatrice Donald, therapist

date

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