



INFORMED CONSENT FOR COUNSELLING

Burnaby Heights Integrative HealthCare Inc.

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Burnaby, BC
V5C 2J7
Tel: 604-293-2941

Marijana Cabrita, MA & RCC

Clinical Counsellor

Informed consent in mental health services is one of the most important documents that the context of therapy offers. It specifies the rights and responsibilities of both the client and the helping professional in a therapeutic relationship in an attempt to maximize the safety and quality of treatment.

Professional Credentials

Marijana Cabrita is registered as a clinical counselor with the BC association of clinical counselors. Her educational background includes a Bachelor of Arts degree in Psychology from Simon Fraser University and a Master of Arts in Psychology from Antioch University Seattle which specialized in Marriage and Family therapy. Marijana has also received post graduate training in various 'relationship' and 'experiential' centered training models such as Emotionally Focused Individual and Couple Therapy, Satir Transformational Systemic model, and Family Systems training. Marijana believes that ongoing learning is fundamental for her professional growth, so she continues to seek up-to-date literature and exciting training opportunities in the field.

Therapeutic Style

Marijana's practice involves supporting individuals, couples and families heal their relationships with themselves and others. She supports and celebrates her client's personal growth, providing an atmosphere of safety and healing. Marijana is known for her compassionate and non-judgmental style and her ability to foster and facilitate change. Her therapeutic orientation can be described as eclectic as her work combines a systemic perspective of relationships, grounded in mindfulness, experiential, cognitive-behavioral and empowerment techniques.

A great deal of therapy will involve obtaining information about significant relationships in a client's life and how family of origin themes may be drawn out, which helps the therapist and client understand the client's current attitudes and behaviors in current relationships. Some therapeutic encounters may be challenging but support is always of utmost importance so that the client feels comfortable with the progression of therapy. The major techniques that Marijana uses in therapy include: clarifying techniques, support, challenging, reframing, dialogue, interpretation, affirmations, awareness exercises, homework assignments, guided meditation, journal keeping, and sometimes she may suggest readings.

Length of treatment varies according to the nature of the client's difficulties. Depending on the individual and area of conflict brief therapy can include a few sessions, whereas longer term therapy may necessitate a much longer period of therapy. We begin counselling with a thorough assessment, including assessing your goals and desired outcome for therapy. We then work together to design a treatment plan aimed at helping you achieve those goals.

Practice Standards

Marijana's fee for service is \$100 per individual session and \$115 per couple session. She does offer a sliding scale option for people who are not covered through insurance and are currently experiencing financial hardship. Sliding scale spaces may not always be available but she tries her best to accommodate people's needs.

Please keep in mind when considering the cost of therapy that there are many expenses that therapists pay to ensure their clients are getting the best care possible. There are supervision costs, university training, ongoing workshops and conferences, insurance costs, office rental and expenses, and membership fees.

Sessions run for 60 minutes for individuals and 80 minutes for couples and families. Payment of the agreed upon fee will be required at the end of each session unless you have made prior arrangements with your therapist. For your convenience, our client accepts these forms of payment: Interac, personal cheques, VISA, and MasterCard.

Dr. Ardis Krueger, ND Dr. Agnieszka Matusik, BSc, ND Dr. Georgia Kyba, BSc, ND Dr. Ann Izard, B.Comm, DC
Emily deMontigny, RMT Amy Van Sickle, RMT Sarah Lewis, RMT Marcella Reay, RMT
Michelle Coulombe, BA, MA Marijana Jozic-Cabrita, MA, RCC
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A surcharge of \$15.00 will be assessed for each cheque returned due to insufficient funds. Be aware that 24 hours notice is required to cancel your session, otherwise you must pay *half the session fee* at your next regularly scheduled meeting. If you miss a session without cancelling you must pay for that session. Also know that if you are late for your session we will end on time as not to run over into the next client's session.

Phone calls regarding clarification or discussion of any issues between appointments are welcome. Although, any call exceeding five minutes will be charged in 15 minute increments at the above clinical rate in ¼ hour increments pro-rated on your regular fee.

You're rights as a Client

The therapeutic relationship entails clearly defined rights and responsibilities, held by both the client and his/her therapist. This enables the development of an atmosphere that promotes safety, risk taking and support so that the client has the empowerment to change. As my client, it is important for you to know your rights so that you are ensured that your well-being is my goal. There are also certain legal limitations to those rights that you should be aware of.

You have the right to refuse anything that I suggest. You have the right to decide to terminate therapy. You have the right to confidentiality of your therapy. I am bound not to divulge any information you share in our sessions without your prior written permission. However, I may from time to time need to consult with other professional counsellors regarding your case.

There are three main exceptions to confidentiality:

- If your or another's safety is in danger
- Suspected abuse of a child
- If your file is subpoenaed to court

Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I am over the age of eighteen.

Client's Signature

Date

Therapist's Signature

Date



Client Intake Form

Instructions: To assist me in helping you, please fill out this form as forthrightly as you can. Answer only the questions you feel comfortable in answering, keeping in mind that it is more helpful when you provide more detailed information. Like everything you say at Burnaby Heights Integrative Healthcare Inc, the information on this form will be held in the strictest of confidence.

Name(s) of ALL person(s) being seen: _____

Your full address: _____

Home Phone: _____ Other Phone: _____ Email: _____

Is it okay to leave a message at the number provided? (Please Circle) Yes No

Your date of birth: _____

Are you currently employed? Yes No

Your title at work: _____

Marital Status: (Please Circle) **Single Engaged Married Common-law Separated Divorced Widowed**

Partner's name (if applicable) _____ and Occupation _____

Children's names (if applicable) Date of birth Age

(Optional)

Does your family know you are seeking counseling? __ Partner __ Father __ Mother __ Children

Person to contact in case of emergency: _____ Their relationship to you: _____ Phone #: _____

Family Physician's Name: _____ Phone#: _____

How did you hear about Burnaby Heights Integrative Healthcare Inc?

How strongly do you want therapy for your problem(s)? (please circle)

Very Strongly Strongly Moderately Could do Without



Please describe the issue(s) that you would like to work on in counselling.

Please list your *goals for counseling*:

Please read the following and circle yes or no.

Are you currently taking any medication? [If yes: _____] **Yes No**

Do you drink alcohol, use prescription pain-killers, sleep aids or use non-prescription drugs? **Yes No**

Have you ever been hospitalized for mental health reasons? **Yes No**

Is there a history of mental health issues in your family? **Yes No**

Do you currently have thoughts of suicide? **Yes No**

Do you intend to carry them out? **Yes No**

Have you ever attempted suicide? **Yes No**

Please add any additional information which may be relevant:

Type and length of psychotherapy you have mostly had and briefly describe method (e.g., talk therapy, group, medication, EMDR, hypnosis, psychiatry, etc.) and what you found most helpful:

Briefly list any additional past emotional or relationship complaints, symptoms and problems:

Under what conditions are you problems worse? _____

Under what conditions are they improved? _____

List the parts of yourself you are happy with: _____

List your main **love and sex** difficulties:

List your main work or school difficulties:

List any physical ailments or complaints:

List your main social difficulties:

List 4-6 positive experiences:

List 4-6 negative experiences:

Have you ever been asked or told to quit drinking alcohol or using mood-altering drugs? **YES NO**

Have you ever been hit, punched or otherwise hurt by someone within the past year? **YES NO**

Do you feel unsafe in your current relationship? **YES NO**

Is there a partner from a previous relationship who is making you feel unsafe now? **YES NO**