



GRACERENEWAL MINISTRIES COUNSELLING SERVICES

CONSENT & DONATION FORM

I/We _____ have been informed about and accept to receive counselling services from ***GraceRenewal Ministries' Counselling Services***, a Christian Registered Charity, which delivers counselling services for people in need. Our counsellors are qualified and certified Mental Health professionals, who brings the love of Christ into their practice.

I/We made contact and discussed the framework and the techniques that we will employ in the counselling session with the counsellor. Considering that this is a Christian charity, I/We understand that GraceRenewal Ministries is not liable to any mishap resulting from the counselling sessions.

I/we can discontinue therapy at any time but have been encouraged to persevere given that the therapeutic process can sometimes be difficult.

I/We have been informed that I /We may experience uncomfortable feelings but have been reassured that working together with our counsellor to tolerate these emotions may provide an opportunity to resolve our concerns and attain a more empowered place in our lives.

Confidentiality

Anything pertaining to the therapy sessions shall not be released to anyone without our written permission. The only exception to this right of confidentiality would be in situations mandated by law:

1. If a client threatens imminent harm to himself or herself, the therapist is obligated to seek hospitalization for them or to contact family members or others who can help provide protection.
2. If a client communicates an imminent threat of serious physical harm to an identifiable victim, the counsellor is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
3. If the counsellor receives any information that in their professional capacity gives reasonable cause to suspect that a child is at risk and needs protection, the law requires that this be reported to the appropriate local child protection services office.



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I/We do understand that the Internet is not a protected space and therefore cannot be guaranteed the same level of confidentiality once I/we have put anything into cyberspace.

Contacting

Due to work schedules, the counsellors may often not be available immediately by telephone. The counsellors will make every effort to return your call on the same day, except for holidays. If unable to reach a counsellor, and in all cases of emergency, please contact your family physician or the nearest hospital's emergency room and ask for help.

Duration: Each session will run 55 - 60 minutes in length.

Cost: There are no therapy fees, but *GraceRenewal* Ministries will appreciate donations to support the running of the program.

Donations: The Ministry runs on donations. Donations can be made on the Ministry's website or by e-transfer to: info@gracerenewalministries.ca; Any amount is appreciated. Charitable donations are tax-deductible in Canada.

Cancellation

In order to cancel an appointment, I/we agree to give 24 hours' notice. In order to cancel an appointment and ensure that the allotted time has been provided, I/we agree to call the therapist to the business number we used to make the first contact or send an email.

I/We have read and addressed any questions I/we have about this consent form with the Counsellor. In signing today, I/we confirm that I/we fully understand its contents.

Client's Signature(s)

Date: _____

Client's Parent/Guardian if under 18

Date: _____

Counsellor's Signature(s)

Date: _____