1226 22nd St. W. Saskatoon, SK S7M 0S7 • 306.260.9464 • angie@whitedovecounselling.ca • www.whitedovecounselling.ca

INFORMED CONSENT

Thank you for choosing White Dove Counselling and Mediation. We look forward to supporting you and/or your family and/or community through the challenges you are facing. Conflict and miscommunication are a normal part of relationships. Through coaching, counseling and/or mediation, you can strengthen your relationships and resiliency during conflict and learn effective communication skills to prevent conflicts before they begin. To serve you better, please read the following terms of service:

COUNSELING/THERAPY:

The therapeutic approach to individual counseling that I use is Solution-Focussed Brief Therapy (SFBT). SFBT is a type of therapy that is more focused on solutions rather than diving deep into the issues. Of course, in order to find a solution, so that you, the client, will leave with a sense of accomplishment, control and hope, the counselor/therapist must briefly discuss the issues with the client and together develop a plan for resolving the issues at the source of the distress Therefore, you can expect that your counsellor/therapist will work with your strengths, resources and positive qualities to channel your problem-solving power.

SFBT is short term in nature and it is not a tool that is used to analyze the client's past nor is it suitable for working through trauma or grief. Some issues may arise throughout the therapeutic relationship that suggest deeply rooted trauma that requires more intensive support. Should this be the case we will refer you to a counselor/therapist that you, the client, deem suitable to address trauma and work through grief.

Generally, the therapeutic relationship will continue as long as is required in order to resolve the issues you, the client, were facing when the therapeutic relationship began. However, new issues may arise during the therapeutic relationship and the therapeutic relationship may continue to resolve new issues that have arisen throughout the duration of the relationship.

CONFLICT COACHING

Per the Alternative Dispute Resolution Institute of Canada (ADRIC), conflict coaching is "is a one-on-one process in which a trained coach helps individuals gain increased competence and confidence to independently manage their interpersonal disputes or to engage in ADR processes designed to assist them, i.e. mediation. In either case, conflict management coaching is a goal-oriented and future-focused process that concentrates on assisting individual clients to reach their specific conflict management objectives" (2023). In other words, Angie Howlett – The Conflict Counselor will work with you on a one-on-one basis to support you in resolving a conflict with another party who is not yet ready to retain a mediator. I will work with you to identify your strengths, your communication style and your approach to

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conflict management. Together we will customize a resolution plan that is unique to your communication and conflict management style and develop a sustainable plan for preventing future conflicts.

MEDIATION

Mediation is a mutual, collaborative process that is anchored in self-determination. In other words, you and the other party choose the outcome together. I use the six-phase understanding based model of mediation. This model emphasizes respectful communication, empathic listening and collaborative decision making. This process should not be entered into without both parties express consent and commitment to the process. Mediation is often not successful without the full, voluntary participation of both parties. Fees for mediation are $150.00/hour.

SELF-DETERMINATION

Counseling/therapy, conflict coaching and mediation with Angie Howlett - Conflict Counselor is anchored in self-determination. In other words, you are the expert in your own life and you choose the outcome of your sessions with me. This means that full participation in your resolution is required in order to gain the maximum benefits of these services.

CONFIDENTIALITY

Confidentiality is of utmost importance at White Dove Counselling and Mediation. What is discussed in your sessions will remain confidential and secure, meaning your information will not be shared with outside persons or organizations, unless otherwise directed. To consent to share your information with other practitioners (other counselors, psychiatrists etc.), please request a separate release of information consent form. Limitations to confidentiality exist in the case of risk of harm to vulnerable populations (children, elderly, etc.), risk of suicide and risk of homicide. Such risks will be reported to the appropriate authorities and the counselor/therapist will not be held responsible for any resulting consequences. Additionally, your counselor/therapist will not approach you or address you in public spaces unless you, the client, initiate greetings. In addition, from time to time or at the client's request, sessions may take place virtually. The preferred virtual platform used by the practitioner is Zoom. By signing this agreement and by joining virtual sessions, you assume any risk of breach of confidentiality through cyber security threat. Note taking will be minimal throughout the sessions and will document only important points discussed, the course of actions taken by the client and therapeutic approaches used by the practitioner. Per provincial guidelines, records will be stored for a minimum of 7 years and shredded thereafter.

SESSIONS

Sessions range in duration from 50-minutes to 2 hours and 50 minutes, depending on the nature of the session (counseling, coaching or mediation) and recurring appointments will be scheduled when/where

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appropriate. For example, if a mediation has not completed the six phases, a follow-up mediation will be scheduled. All sessions will be billed as counseling or social work services rendered.

FEES

Fees are to be paid before or at the beginning of your session. Fees are $100.00/hour for individuals and $125.00/hour for couples and will be billed as counseling/social work and are non-negotiable. Mediation is billed at $150/hour inclusive of all administrative activities. Sliding scale is available for lower income clients who do not have access to extended health benefits. Direct billing is available to select providers should up front or prepayment create financial hardship. Direct billing details must be provided at minimum of 24 hours prior to your session. NIHB details must be provided a minimum of 1 week prior to your booked session, for prior approval to be processed. A receipt for services rendered with my license/registration number will be issued to you at the time of payment. Acceptable payment methods are online via debit/credit card or e-transfer. Cash and cheque are acceptable methods of payment for arrangements made prior to the session. By signing and initialling this document, you authorize White Dove Counselling and Mediation to charge the credit card number on file for balances unpaid after 30 (thirty) days. Should the credit card payment be declined, White Dove Counselling and Mediation reserves the right to retain a collection agency to help recover costs or pursue collections through provincial small claims court. **Please initial here**_____

CANCELLATIONS

If you need to cancel or reschedule your session, please advise at least 24 hours in advance. Conversely, if I need to reschedule your appointment, I will provide at least 24 hours notice. If prepayment has been made your session will be rescheduled at the earliest mutual convenience and no cancellation or no show fees will be applied. If prepayment has not been made, you will be responsible for the cost of the session for no-shows and late cancellations. The fee for no shows is 100% of your service fees. For late cancellations (within 24 hours of the session), you will be billed at 50% of the service fee at the practitioner's discretion. Failure to remit payment for cancellations or no show will result in your insurance or credit card being billed. If you do not have a credit card or insurance and you have a history of no-shows or late cancellations, prepayment of your session will be required before any future sessions will be scheduled or rescheduled. **Please initial here**_____

PLEASE PROVIDE INSURANCE AND CREDIT CARD DETAILS BELOW:

Name of cardholder:_____

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Credit Card Number:_____

Exp:_____sec. code: _____

Member name:_____

Date of Birth:_____

Policy #:_____

Member ID:_____

Non-Insured Health Benefits (NIHB) Indigenous Services Canada:

Status/Treaty #:_____

Name:_____

Date of Birth:_____

EMAIL/VOICEMAIL

I will return your email or voicemail within 24 hours

ACCOUNTABILITY

I am registered with the Saskatchewan Association of Social Workers (SASW) and carry the designation "RSW". I am accountable to a regulatory body that is administered by the Government of Saskatchewan to regulate the profession of Social Work and to ensure that all registered members are competent and that they abide by a code of ethics and standards of practice set out by the regulatory body.

I have read and understand the above and I agree to abide by the terms contained herein

_____ _____

Client's signature Date

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Client's signature

Date

Counselor's signature

Date

Child Counselling Service Agreement for minors seeking counselling

****IF YOU ARE SEEKING SERVICES FOR YOUR MINOR CHILD, PLEASE FILL OUT THE FORM BELOW****

Parent/Guardian information:

Name:

Phone:

Email:

Name of child seeking counselling:

Date of Birth:

1. Purpose of Agreement

This Agreement outlines the terms, responsibilities, and expectations regarding the provision of professional child counseling services by the Counsellor to the Client (child), under the consent and authorization of the Parent/Guardian.

2. Description of Services

The Counselor agrees to provide counseling services to the child client, including individual sessions, consultations, and collaboration with other professionals as needed.

3. Fees and Payment

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Session Fee: $100.00 per session (50-60 minutes). Payment is due ahead of each session or no later than at the beginning of each session with prior arrangements. Cancellations require 24 hours' notice; missed sessions may be billed in full. Cancellation and no show policy as described above applies and will be billed to the parent/guardian

4. Confidentiality

All communications are confidential, except as required by law in cases of danger to self or others, suspected abuse, or court orders. General feedback may be provided to parents while respecting the child's privacy.

5. Parental Involvement

Parents agree to ensure attendance, support the counseling process, and participate in consultations when requested.

6. Records and Communication

Records are securely stored per professional standards. Written requests for access will be considered at the Counselor's discretion. Electronic communications are for scheduling only.

7. Consent to Treatment

By signing, the Parent/Guardian provides informed consent for counseling and acknowledges understanding of the nature and limits of the service.

8. Termination of Services

Either party may terminate services at any time. The Counsellor may recommend termination or referral when therapy is no longer appropriate.

9. Emergency Procedures

The Counsellor is not an emergency provider. In a crisis, contact 911 or local emergency services immediately.

10. Agreement and Signatures

By signing below, all parties acknowledge that they have read, understood, and agree to the terms outlined in this Agreement.

Counsellor Signature: _____ Date: _____

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Parent/Guardian Signature: _____ Date: _____

Printed Name of Child Client: _____

Informed Consent for Child Counseling

I understand that counselling is a confidential and collaborative process designed to assist my child in addressing emotional, behavioral, or social concerns. I acknowledge that outcomes are not guaranteed and depend on multiple factors including participation, readiness, and consistency.

I understand my rights to ask questions, withdraw consent, or request referral at any time. I consent for my child to receive counselling services under the terms described above.

Parent/Guardian Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____