



Counselling Agreement

Welcome. Please read the following information carefully. If you have any questions, please ask your counsellor.

I, Vijay S. Mann, am a Registered Clinical Counsellor in the province of BC through the BCACC and adhere to the BCACC Code of Ethics.

Services: Services include therapy for depression, anxiety, self-empowerment, developing coping skills, trauma, and other concerns. Services offered include individual, couple, and family/group therapy. These services include counselling, assessment, and referral to enhance your mental health and overall wellness.

Fees: Fees are due and payable at the time of booking. All payments can be made either through e-transfer, online (www.manncounselling.com), or in person (cash only, no cheques).

Individual therapy: \$165 per 60min session

Couples Counselling: \$175 per 60min session

Group Therapy: \$50 per person per 60min group session (a "group" consists of at least 3 people)

Counselling sessions are held in person, but I also offer service through video conferencing (Zoom, Google Meet) and telephone sessions.

Please be aware that 24 hours is required to change or cancel a scheduled appointment.

Medical Services Plan in British Columbia does not currently cover fees for Counselling and Psychotherapy. Many extended healthcare providers do provide coverage for services provided by a Registered Clinical Counsellor. My services are covered in full or partially by many extended health plans, Crime Victims Assistance Program, ICBC, and several employee and family assistance programs. Counselling services can also be claimed as a medical expense with your personal income tax.

Direct billing is available, so please check with your insurance provider to see if you have coverage. A receipt is provided for reimbursement.

Sessions: The first session includes an "intake" and will require sharing basic information and signing this agreement form. By signing this agreement, you are authorizing the exchange of information between myself and any professional or agency to which you agree to be referred.

Confidentiality: I have a responsibility to safeguard information obtained during Counselling sessions. All identifying information about your assessment and suggestions are kept confidential, except as mandated by law. You must sign a release of information before any information about you is given to anyone, except as mandated by law. In certain situations, Counsellors are required by law to reveal information obtained during sessions to other persons or agencies without your consent. In such situations, I am not required to inform you of his actions. Please note the following exceptions to confidentiality:

- Duty to report if a child is in need of protection

- Duty to report if a child may self-harm
- No duty to report if an adult may self-harm, but protected if a report is made
- Authority to report if a vulnerable adult has been abused
- Duty to report or warn if an adult is under an imminent risk of serious harm

Emergencies: In the event of an emergency please call 911 or a help line. The counseling service you are utilizing with me is not on 24-hour call. All messages will be picked up and calls returned during regular business hours. Email is not confidential and will not be utilized for counseling other than exchanging details about scheduling.

Missed appointments represent a loss of an opportunity for someone else to receive services. Without a full 24-hour notice, I will have to charge you the full fee for any session that is missed. Please note, any late arrival of equal to or greater than 20 minutes from the start of the scheduled appointment time will be considered a "missed visit" and will be charged to you the full fee as well. If you are running late for your appointment, please notify me as soon as possible (778-552-5250).

I have read this agreement and fully and agree to participate in counselling services with Vijay S. Mann under the provisions, guidelines, and limits delineated above.

Client name (Print): _____ T#: _____
Email: _____

Client Signature _____
Date _____

