

Brain In Balance

Neurofeedback / Counselling

braininbalance.ca

778-389-3858



Disclosure Statement and Confidentiality Agreement Jennifer Jantzen, MSW, RSW, RCC, BCN 778-389-3858

Personal Background and Therapy Training

I received my Masters in Social Work from Charles Sturt University in Waga Waga Australia. I also am registered with BC Association of Clinical Counsellors. I have additional training in Reality Therapy/ Self Control Theory and have BCIA certification for Neurofeedback.

Regulatory Agencies

The practice of registered persons in the field of Social Work is regulated by the BC College of Social Workers. Their address is 1430-1200 W. 73 Ave. Vancouver BC.- V6P 6G5 (604-737-4916)

The practise of registered persons in the field of Clinical Counselling is regulated by the BC Association of Clinical Counsellors. Their address is #14 2544 Dunlevy St. Victoria BC. V8R 5Z2 (250-595-2926)

CONFIDENTIALITY

My responsibilities to you

With the exception of specific legal circumstances described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not disclose to anyone what we discuss in session, or that you are even in counseling, without your written permission.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform The Ministry of Children and Families and Adult Guardianship/ Public Trustee.

3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the crisis line. I am not obligated to do this and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

Your responsibilities as a Client

Please come to your session on time. Sessions will be a clinical hour (which is 50 minutes). If you are late we will end on time and not run over into the next person's session.

Your rights as a client

a. You are entitled to information about my methods of therapy, techniques I use, the duration of therapy (if it can be determined) as well as my fee structure. If you would like to receive this information or if you have any additional questions, please feel free to ask.

b. You are entitled to seek a second opinion from another therapist or terminate therapy at anytime.

c. In a professional relationship (such as ours), sexual intimacy between a therapist and client is never appropriate and should be reported to the above mentioned regulatory bodies.

d. Confidentiality (please see above confidentiality section)

Cancellation Policy

Please allow 24 hours notice if you decide to cancel a session so that I have time to schedule others in your place.

Although I will take into consideration personal emergencies and extenuating circumstances, fees will still be charged for appointments missed without 24 hours notice.

I also reserve the right to terminate therapy if cancellations or no-shows become excessive and are unable to be dealt with in the therapeutic relationship. I will discuss this with you prior to cancelling services. Please be mindful of your time and mine.

Ending Therapy

You have the right to terminate therapy at any time and you will typically be the one who decides when therapy will end, with the following exceptions:

a. If cancellations and no-shows become an issue, as described above.

b. If I am not, in my judgment able to help you because of the particular concern you have, or because my training and skills are, in my judgment, inappropriate. I will inform you of this and refer you to another therapist who may meet your needs.

c. If you do violence to me, verbally or physically threaten or harass me, I reserve the right to immediately discontinue your therapy.

If I terminate your therapy I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I have read the preceding information and understand my rights and responsibilities as a client. My signature below acknowledges this understanding and indicates I accept the conditions of psychotherapy.

Client/ Signature / Date

Therapist Signature / Date

Contact and Emergency Information

Jennifer Jantzen, MSW, RSW, RCC, BCN

If you need to contact me regarding cancellations, to schedule an appointment, or if you have additional questions or concerns regarding counseling, please call 778-389-3858. This is my personal cell phone with confidential voicemail that will be checked only by me once or twice per day. If I do not answer, please leave a message and, if necessary, I will return your call within 24- 48 hours. Please keep in mind that it may take longer for me to return a call made over a weekend

If you are having an emergency that requires you to speak with someone immediately, please call one of the crisis lines below:

Suicide and Crisis Line: **604-872-3311** or **1-800-SUICIDE**

Rape / Abuse Crisis Line: **604-872-8212**

If you believe that you cannot keep yourself safe, or you are experiencing a life threatening emergency, please call 911 or go to your nearest emergency room for assistance.