



Patterns to Presence Client Rights and Waiver Form

YOUR RIGHTS

You have the right to ask questions about our counseling methods so you can make informed decisions about what methods are most suitable for you. You have the right to stop counseling if something about it is not working for you.

RISKS OF COUNSELLING

Counselling involves a degree of risk. You may experience uncomfortable emotions as you talk about the issues that are concerning you. Sometimes counseling involves talking about unpleasant aspects of your history. Counselling is focused on facilitating change according to the goals you set. Any change (even good change) can affect a person's established system. You may meet with some resistance from other people in your life as a result of the changes you make.

CONFIDENTIALITY

What you disclose during the individual counseling sessions is kept between the program facilitators and not shared with the group. Your journal entries are only shared amongst the program facilitators and will never be used outside the context of the program. What you choose to share in the group sessions is not covered under our confidentiality agreement. All recordings are for the purpose of liability protection, and the recording of your session is available to you upon request. Couples who share information in individual sessions are able to request that such information is kept confidential as long as it does not jeopardize the integrity of ongoing couple counseling.

EXCEPTIONS TO CONFIDENTIALITY

- If you threaten to harm or kill yourself or someone else and we believe your threat to be serious, we are ethically bound to warn your family or the person you have threatened.
- According to the Child Welfare Act, we are ethically and legally bound to report to the appropriate authorities any abuse (physical, sexual, emotional, or neglect) of a child currently under the age of 18 years. This law is designed to protect children from harm, and requires that all persons report confirmed or suspected cases of child abuse to the proper authorities.



WAIVER OF LIABILITY

In consideration for receiving counseling, educational content, guided practices, physical movement, nutritional guidance, and relationship advice, I _____ (participant) agree to release and waive any and all claims of any kind against Behavioral Science Insights Co. or its agents or employees, arising from or relating to participation in the Patterns to Presence program.

Name:

Date:

Signature:

Emergency Contact:

Relationship:

Phone Number:

Email: