




(<https://bcacc.ca/counsellors/serena-graf/>)

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Profile Information — Step 1 of 4

You are completing the intake form: **Counselling Intake & Consent** for **

Please take a moment to fill out the online intake form before your visit. All information is kept confidential. This consent form **MUST** be signed by the end of your first session in order to continue counselling treatments with your therapist.

 Only staff members can edit this information on an intake form.

First Name – Required

Last Name – Required

Preferred Name (if different) 

Pronouns

Prefix / Title

Please provide at least one phone number. Your mobile number can be used to look up your Account and receive text message appointment reminders.

Mobile Phone – Required



A mobile phone is required if you would like to receive SMS appointment reminders.

Home Phone



Work Phone



Fax Phone



Country – *Required*

Canada

Street Address – *Required*

Suite Number (i.e. Suite #100)

City – *Required*

Province – *Required*

Postal / Zip – *Required*

Date of Birth – *Required*

Gender

Refers to current gender which may be different than what is indicated on your insurance policies or medical record.

Sex

This field may be used for submitting claims to your insurance provider. Please ensure the sex you provide here matches what your insurance provider has on file or what is indicated on your medical record.

Personal Health Number

Occupation

Employer

Guardian

Emergency Contact – *Required*

Emergency Contact Phone – *Required*

Emergency Contact Relationship – *Required*

Family Doctor

Family Doctor Phone (if known)

Family Doctor Email (if known)

Name of referring professional

Referring professional phone (if known)

Referring professional email (if known)

How did you hear about us?

Who were you referred to?

Headwinds Clinical Counselling

Please check that all required questions have been answered.

Continue

Credit Card Information — Step 2 of 4

You are completing the following intake forms: Counselling Intake & Consent

Add a credit card

Headwinds Clinical Counselling requests that you put a card on file for contactless payments. This helps keep both you and me safe, as well as spend more time with you on session content, rather than taking a payment during your session. If you would prefer to pay by e-transfer, please send e-transfers before or within 60 minutes of your session to serena.headwinds@gmail.com

 Card number

MM / YY CVC

We accept Visa, MasterCard, American Express, Discover, Diners Club, and UnionPay.

I am aware of the Cancellation Policy. [Read Cancellation Policy](#)

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[Skip \(/admin/intake_forms/1/preview\)](/admin/intake_forms/1/preview)

Save Card

Questionnaires — Step 3 of 4

You are completing the following intake forms: Counselling Intake & Consent

Counselling Intake & Consent

Personal & Contact Information

Relationship status:

Select an option...

Occupation:

Work Status (Ex: Full-time employed, Off work due to injury, Retired, etc.)

Prescribing Physician / Family Doctor

Presenting Problem & History of Issue

Briefly describe what you are seeking counselling for:

Please rate how distressing this/these concern(s) are for you:



0	1	2	3	4	5	6	7	8	9	10
Peace	No	A	Worried	Upset	Upset	Discomfort	Discomfort	Panic	Feeling	Unbearably
and	real	little bit	or	to the	and	Discomfort	Discomfort	takes	desperate,	upset
complete	distress	sad or	upset	point	uncomfortable	to the	dominates	hold	helpless	to the
calm	but	off		where		point	your		and	point
	perhaps			negative		where	thoughts		unable	where
	a slight			thoughts		you feel	and you		to	you
	feeling			begin		a	struggle		handle	cannot
	of			to		change	not to		it	function
	unpleasantness			impact		is	show it			
				you		needed				

Have you had counselling before? What was helpful? What was not?

Any mental health diagnoses?

History or present substance misuse/abuse:

Select an option...

History of abuse:

Physical abuse

Emotional/mental abuse

Sexual abuse

Major sources of stress in the past year:

History of suicidal ideation and/or attempts?

yes

no

date of last attempt, if applicable:

Medications you are currently taking, and what it is being taken for:

Coping mechanisms (e.g., how do you normally deal with stress):

Boundaries Associated with Psychotherapy as a Professional Relationship – Required

You are agreeing to enter into a professional relationship with a counsellor, rather than a personal relationship. Although therapy sessions can be emotionally and psychologically intimate, you need to remember that contact is limited to the paid session time. Inviting your therapist to social gatherings, the giving of gifts, or asking to connect outside of your professional relationship is not an option.

Fees for Service – Required

FEES

The fee for Psychotherapy services provided by Serena Graf, MA, RCC, CCC is \$147 (\$140 + 5% GST) for a 50-minute session. If counselling is funded by ICBC or other third party payers, fees will be in line with the organizations approved funding amounts.

INFORMED CONSENT

Please click the box next to each point to acknowledge that you have read and understood its content. If you would like clarification, please bring your questions to our next session so the material can be adequately discussed. After the session you will be able to sign this form with informed consent.

Confidentiality – Required

- ___ All cases of suspected abuse or neglect of children that have not yet been reported (includes client and others, present and historical abuse if the perpetrator is alive and has access to children), as well as abuse of a vulnerable adult, will be reported to the appropriate authority.
- ___ Any intentions or a plan to harm another person will be reported to the authorities and the intended victim will be warned.
- ___ Information that is subpoenaed by a court of law, or when required by federal or provincial laws, rules, policies, or regulations. If you access service through a third party provider you should be aware of any limits to confidentiality.
- ___ Disclosure or implication of a plan for suicide falls under the counsellor's legal duty to report, and attempts will be made to notify your family or emergency contact as well as your physician.

Communication and Data Protection – Required

- ___ Therapeutic communication will be restricted to Jane app or, in limited instances, email. You are welcome to email information that you would like to have included in your next session, however, email is not a secure nor confidential communication method. Please note, your counsellor's response will be limited as therapy is not provided via email.
- ___ For those under 14 years old, any communication (email, text, telephone) from any source is added to file - please only send information appropriate to be viewed by each parent.

- ___ To ensure best practice, your case may be discuss with a supervisor or colleague when needed. No identifying information is shared.
- ___ Encrypted case notes of all sessions are kept in the Jane app digital file on a password protected computer or encrypted and password protected USB for seven years after your last appointment, after which they will be deleted. If you were under the age of 19 during counselling treatment, the seven year period begins on the day of your 19th birthday.
- ___ During scheduled therapy hours, I will attempt to respond to any e-mail, text message, or telephone call within 24 hours. However, outside of working hours, I may be unavailable and possibly not checking messages.
- ___ When joining a telephone or telehealth video session, you accept the responsibility of taking reasonable measures to protect your own privacy, including but not limited to: using personal, password protected internet; situate yourself in a location that provides privacy and confidentiality because there is a risk of being overheard by anyone near you; and using headphones or ear buds to maximize privacy.
- ___ There can be no recording of the session of any kind by either party under any circumstance. This includes both audio and video recording, which is strictly prohibited.
- ___ Services provided by Headwinds Clinical Counselling are not crisis services. You will not be able to book sessions within 24 hours without contacting your clinician first.

Risks and Benefits and Disadvantages of Teletherapy and the Therapeutic Process – Required

- ___ There are benefits to virtual sessions, such as ability to meet without the hassle of travel or the ability to meet over distances. Other benefits are the opportunity for the therapist to work with you in your setting and to use screen sharing as a helpful tool for education, art therapy, etc. Clients have found that the safety of a virtual space enables deeper access to material that is difficult to bring up in person. Virtual sessions tend to be more focussed without the distractions of meeting in the therapist's office.
- ___ Use of Telehealth methods carry potential challenges. There is a risk that the Telehealth session could be disrupted or distorted by unforeseen technical problems. Due to reliance on technology and its related limits, there may be experiential differences compared to face-to-face services. You may provide feedback to your therapist should you find the difference not suitable for your needs.
- ___ There are disadvantages to virtual sessions, such as inability of the therapist to pick up on subtle non-verbal clues, especially if they are out of the range of vision. In addition, clients may have difficulty finding the safety and needed privacy to meet in their personal space. Such disadvantages can be discussed in the session and may provide material for us to unpack together.
- ___ When using telehealth methods (video or phone), there are inherent technological risks. Though your therapist will take every precaution to protect your privacy and confidentiality, information transmitted via the internet or phone lines is not be guaranteed to be secure. Please review suggestions for managing risk and optimizing your telehealth appointments in the document sent to you at booking.
- ___ Overall, the progress of therapy, especially long-term psychotherapy, is determined by many factors. There are no guarantees about the resulting behavioural or emotional changes. The length of time needed for desired change also varies. In addition, the goal of therapy is support and growth, and such changes can be a difficult process for some. This discomfort can be discussed within sessions for further self-understanding.
- ___ In the case of an emergency, please call 911 or proceed to your nearest hospital emergency department. If you are experiencing a crisis please phone 310-6789 or 1800-SUICIDE (1-800-784-2433)

Information Regarding Your Rights in Counselling – Required

- You have a right to receive a referral to another counsellor or mental health professional.
- It is your right to have access to your clinical records or request to obtain copies of your file, subject to legal requirements. Please note that if a request is made the file is first scanned for information pertaining to legal requirements, therefore records may not be released immediately upon request but within thirty (30) days of the request. Your right to access your information continues after the end of the counselling relationship until records are destroyed in compliance with appropriate data retention and privacy law.
- It is also your right to refuse therapeutic modalities or interventions.
- You have a right to withdraw your consent for counselling services at any time. This can include terminating sessions early, changing frequency of counselling session, and / or discontinuing with counselling altogether by advising your counsellor.
- If you have concerns at any time regarding any aspect of your counselling experience, you are asked to first discuss this with your counsellor. If this is not possible, or if your concern is not resolved, you may contact the Canadian Counselling and Psychotherapy Association Ethics Committee at 1-877-765-5565 (CCC #10002891) and/or the BC Association of Clinical Counsellors Ethics Committee at 1-800-909-6303 (RCC #16517).

General – Required

- ___ Sessions are 50 minutes by telehealth or telephone.
- ___ Fees are to be paid prior to or during the hour of our session. Credit or debit card payments will be processed via the Jane app, or made by e-Transfer to serena.headwinds@gmail.com
- ___ In the rare event that our teletherapy session is interrupted, we will continue by telephone. If you cannot be reached by phone, an email will be sent to your email address on file to reconnect and / or reschedule.
- ___ If you have insurance, you are responsible for knowing your benefits and claim limits and for submitting claims. You will receive a receipt by email after payment.
- ___ Please see above for fees associated with INDIRECT SERVICES. Note: These fees may not be covered by benefit providers.
- ___ It is important to be on time. If you need to cancel or change your appointment, you must notify the counsellor in advance by phone or email. You may change your session from telehealth video to telephone at any point before your session, unless otherwise noted by your counsellor. If you are not present for your therapy session within 15 minutes of the start time WITHOUT notifying your counsellor, you will be charged the full amount of the missed session fee at the discretion of your counsellor.

Dual Relationships – Required

- ___ As your therapist, I will avoid dual relationships. If they cannot be avoided, we will discuss this topic to ensure dual relationships do not compromise my therapeutic judgment, objectivity, or effectiveness. If the dual relationship will compromise your therapy, I will recommend your finding another therapist.
- ___ If we come across one another in a setting outside of the therapy session, that fact that I am your therapist will never be acknowledged without your consent.

Guardians of Minors (complete if applicable)

- ___ As the guardian, I understand that the focus of therapy is the well being of my child. Referrals may be provided in situations where assistance is required with the parental relationship with children, and/or the

relationship between parents,

- ___ As the guardian, I understand that for minors to benefit from therapy is that they must trust in the therapist and the privacy of the therapeutic relationship and information shared. The private nature of therapy must be respected. If I do not follow these established guidelines referrals can be arranged for another therapist.
- ___ As the guardian, I understand that I will be informed of any risks of harm to self or others. I also understand the private nature of the counselling relationship and that I will receive updates on the progress of counselling where relevant.

AGREEMENT FOR PSYCHOTHERAPY – *Required*

Having read and given my informed consent to the items above, I freely have chosen to enter into a psychotherapy arrangement with Serena Graf, Registered Clinical Counsellor #16517. The amount per 50-minute session is \$147 CAD, which includes GST.

Signature and Date – *Required*

- Draw Type

Back

Continue

Consents — Step 4 of 4

You are completing the following intake forms: Counselling Intake & Consent

Email Communication

Transactional Emails

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

- I would like email notifications of new, cancelled, and rescheduled appointments
- Email 2 days before appointment
- Text Message (SMS) 2 hours before appointment

News and Special Promotions

- Yes, I would like to receive news and special promotions by email

Counselling Intake & Consent — Consents

Accuracy of Information

I certify that the above medical information is correct to my knowledge. – *Required*

Privacy and Sharing of Information

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

I agree – *Required*

Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee.

I am aware of the Cancellation Policy. – *Required*

Credit or Debit Card Authorization

I hereby agree that Headwinds Clinical Counselling and Registered Clinical Counsellor Serena Graf is authorized to charge the credit or debit card I have knowingly and willingly linked to my account for the necessary amount required to perform counselling services. This includes charges for sessions that are cancelled less than 48 hours before the scheduled appointment time, or sessions I fail to attend, in line with the Cancellation Policy I have read and agreed to above.

I agree.

I disagree, and will discuss this with my counsellor.

Signature

Draw Type

Please check that all required questions have been answered.

Submit Intake Form

(<https://jane.app>)

[Terms of Use \(https://jane.app/terms\)](https://jane.app/terms)

[Privacy Policy \(https://jane.app/privacy\)](https://jane.app/privacy)