Welcome & Informed Consent

Welcome to Western Winds Counselling. Counselling is a collaborative process intended to provide a supportive space to explore concerns, develop insight and skills, clarify what matters to you, and work toward meaningful change.

Informed consent is an ongoing part of counselling. This agreement provides important information about the services I provide, including potential benefits and risks, confidentiality and privacy, virtual counselling, fees, and your rights as a client.

Please ask questions about anything you do not understand. You may revisit this agreement or discuss your consent with me at any time.

About Your Counsellor

Michaela Evanson, B.A., M.A., CT
Western Winds Counselling
michaela@westernwindscounselling.ca
ACTA/ACTC Registration #3333

I hold a Master of Arts in Counselling Psychology and am registered as a Counselling Therapist (CT) with the Association of Counselling Therapy of Alberta (ACTA/ACTC).

My primary therapeutic approach is Acceptance and Commitment Therapy (ACT), with integration of other evidence-informed approaches when appropriate to your needs, goals, and preferences. I provide services within the boundaries of my education, training, experience, and professional competence.

About Counselling

Counselling is a collaborative process in which we work together to understand your concerns, identify your goals, and explore approaches that may support meaningful change. This may involve exploring thoughts, emotions, behaviours, relationships, experiences, personal values, and patterns contributing to distress or difficulty.

Depending on your needs and preferences, counselling may draw from ACT, Cognitive Behavioural Therapy (CBT), Solution-Focused Therapy, and other approaches within my professional competence. You are encouraged to ask questions, provide feedback, and participate in decisions about your counselling. No specific outcome or result can be guaranteed.

Benefits, Risks, & Alternatives

Counselling may support greater self-understanding, coping and communication skills, psychological flexibility, healthier relationships, and movement toward personal values and goals.

Counselling may also involve discomfort. Exploring difficult emotions, memories, experiences, relationships, or patterns can temporarily increase distress, and changes made through counselling may affect other areas of your life.

Alternatives include choosing not to participate in counselling, working with another mental-health professional, consulting a physician or psychiatrist, or accessing community, peer, or other support services. You may seek another professional opinion at any time.

Your Rights & Choices

Your participation in counselling is voluntary. You may ask questions, decline to answer a question, decline an intervention or recommendation, request a different approach, seek another professional opinion, or end counselling at any time.

You may withdraw your consent without prejudice. Unless withdrawn, your consent applies for the duration of your counselling relationship with Western Winds Counselling. If there is a significant change to the services being provided or other circumstances affecting your consent, we will discuss the change and obtain additional consent when appropriate.

Confidentiality & Its Limits

Information you share during counselling, including your counselling records and the fact that you receive services, will ordinarily be kept confidential and will not be disclosed without your consent.

Confidentiality may be limited when:

Risk of serious harm: I believe disclosure is necessary to address a serious or imminent risk of harm to you or another person.

Child protection: I have reasonable grounds to believe that a child is in need of intervention, including because of suspected abuse or neglect. In these circumstances, I am legally required to report the concern to the appropriate child-protection authority.

Legal requirements: Information must be disclosed as required by law or a legally enforceable process.

Professional or legal proceedings: Disclosure is permitted or required in responding to a professional complaint, investigation, or legal proceeding concerning services I provided.

When disclosure without your consent is necessary, I will limit the information disclosed to what is reasonably necessary and, whenever reasonably possible and legally permitted, discuss the situation with you first.

Small-Community Encounters: Because Western Winds Counselling serves smaller and rural communities, we may encounter one another outside counselling or have mutual community connections. I will not acknowledge that you are a client unless you choose to acknowledge our counselling relationship first.

Professional Consultation & Supervision

I may consult with qualified mental-health professionals or participate in clinical supervision to support ethical and effective practice. I will limit information shared to what is reasonably necessary and, whenever possible, avoid information that could identify you. If identifiable information or access to your record is required, I will obtain your consent unless disclosure is otherwise permitted or required by law.

Privacy & Clinical Records

Western Winds Counselling uses Carepatron for clinical records, forms, scheduling, client portal access, virtual counselling, and billing. Personal information processed through Carepatron may be processed or stored by service providers outside Canada and may therefore be subject to the laws of another jurisdiction.

You may request a copy of Western Winds Counselling's privacy policies and information about its use of service providers outside Canada. Questions about the collection, use, disclosure, or storage of your personal information by these service providers may be directed to Michaela Evanson, CT, at michaela@westernwindscounselling.ca.

Records are stored electronically using Carepatron and reasonable safeguards are used to protect them from unauthorized access, use, disclosure, loss, or destruction. No electronic system can be guaranteed to be completely secure.

You may request, in writing, access to your personal information or clinical record and request correction of factual errors or omissions, subject to limitations permitted or required by law.

Adult clinical records are ordinarily retained for a minimum of **10 years following the last date of professional service** and may be retained longer when required by law or professional standards. Records will be securely destroyed or permanently de-identified when they are no longer required.

Questions or requests concerning your personal information may be directed to:

Michaela Evanson, B.A., M.A., CT
Western Winds Counselling
michaela@westernwindscounselling.ca

Virtual Counselling & Technology

Western Winds Counselling currently provides counselling virtually. Virtual counselling offers convenience and accessibility but may involve risks such as technology failures, reduced privacy in your physical environment, and unauthorized access to electronic information despite reasonable safeguards.

Please participate from a private location using a reasonably secure device and internet connection. I may ask you to confirm your physical location and telephone number during a session in case emergency assistance is required. Please tell me if you will be located outside Alberta, as I may not be able to provide services in another jurisdiction.

If our connection is interrupted, we will attempt to reconnect. If necessary, I may contact you by telephone, continue by telephone when appropriate, or reschedule the remaining appointment.

Western Winds Counselling uses **Carepatron** for functions including clinical records, forms, scheduling, client portal access, virtual counselling and billing. Personal information processed through Carepatron may be processed or stored outside Canada and may therefore be subject to the laws of another jurisdiction. Additional information about Western Winds Counselling's privacy practices and service providers is available upon request.

Counselling sessions will not be recorded by either of us unless this has been discussed in advance and both parties have explicitly consented.

I understand the nature, potential benefits, limitations, and privacy risks of virtual counselling and the use of electronic technology as described above. I consent to receiving counselling services virtually. *

Yes | No

Electronic Communication

Email and SMS/text messaging may be used primarily for administrative purposes such as scheduling, reminders, forms, billing, receipts, and brief logistical communication. They are not intended for counselling, crisis support, or highly sensitive clinical information. Sensitive information should generally be discussed during a session or through the secure client portal.

Email and text messaging carry privacy risks and confidentiality cannot be guaranteed. Messages are generally reviewed during business hours, and I aim to respond to administrative messages within **two business days**. Electronic communication must not be used for emergencies.

I do not use personal social-media accounts to communicate with clients or provide

counselling services.

In addition to communication through the Carepatron client portal, I consent to receiving administrative communications by: *

- [ ] Email
- [ ] SMS/text messaging

Emergencies & Crisis Support

Western Winds Counselling is not an emergency, crisis, or 24-hour service, and messages may not be seen or answered immediately.

If you are experiencing an immediate emergency, believe you may act on thoughts of harming yourself or another person, or someone's immediate safety is at risk, **call 911 or go to the nearest emergency department.**

For immediate suicide or crisis support, **call or text 988**. Alberta mental-health support is also available through the **Alberta Mental Health Help Line at 1-877-303-2642** or **Health Link at 811**.

If I become concerned about an immediate safety risk during counselling, I will work with you whenever possible to determine appropriate next steps. This may include safety planning, identifying supports, accessing crisis or emergency services, or contacting an appropriate person or service. When a serious or imminent safety risk requires action without your consent, I will limit disclosure to information reasonably necessary to address the concern.

During virtual counselling, your current location may be needed to arrange emergency assistance. If our connection is lost while I have a significant concern about your immediate safety, I will attempt to contact you and may contact emergency services or another appropriate resource when necessary.

Fees, Payment, & Cancellations

Current Fees

Individual Counselling — 50 minutes: **$150**
Extended Counselling Session — 90 minutes: **$220**
Free Consultation — 15 minutes: **No charge**

Fees will be discussed before services are provided, and you will be informed in advance of fee changes. Payment is due at the time of your appointment unless another arrangement has been made.

A receipt will be provided following payment. You are responsible for confirming whether

services provided by a Counselling Therapist (CT) are eligible for reimbursement under your insurance or benefit plan. Any amount not reimbursed remains your responsibility.

Cancellations: Please provide at least **24 hours' notice** to cancel or reschedule. Appointments cancelled with less than 24 hours' notice or missed without notice may be charged the full session fee. Fees may be waived at my discretion for illness, emergencies, or other reasonable circumstances.

Late appointments ordinarily end at the scheduled time and the full fee may apply. Outstanding balances may need to be resolved before additional non-emergency appointments are scheduled.

I have reviewed and understand the fees, payment expectations, cancellation policy, and missed-appointment policy described above. *

Yes | No

Ending Counselling, Referrals, & Concerns

You may end counselling at any time. Whenever possible, you are encouraged to discuss ending counselling with me so we can review your progress and consider any ongoing supports or resources.

I may recommend ending, pausing, or referring you to another professional when your goals have been met, counselling is no longer benefiting you, your needs are outside my professional competence or scope, another service would better meet your needs, or circumstances prevent me from continuing to provide appropriate services. When possible, I will discuss this with you, provide reasonable notice, and support continuity of care.

Your consent will ordinarily be obtained before personal or clinical information is shared as part of a referral unless disclosure is otherwise permitted or required by law.

You are welcome to discuss concerns about my services with me but are not required to do so before making a complaint. Concerns regarding my professional conduct may be directed to:

Association of Counselling Therapy of Alberta (ACTA)
Email: registrar@acta-alberta.ca
Website: ACTA Professional Conduct and Complaints

Consent & Acknowledgement

Consent to Counselling

By signing below, I acknowledge that I have reviewed this Informed Consent Agreement and understand the nature and purpose of counselling, potential benefits, risks and alternatives,

my rights as a client, confidentiality and its limits, privacy and record keeping, virtual counselling and electronic communication, emergency procedures, fees and cancellation policies, and how counselling may end or referral may occur.

I understand that participation in counselling is voluntary, informed consent is ongoing, and I may ask questions or withdraw my consent at any time.

I have had the opportunity to ask questions and receive clarification about anything I did not understand.

Do you have any questions or concerns about this agreement that you would like to discuss before beginning counselling? *

Yes | No

Please describe anything you would like to discuss.

I have read and understood this Informed Consent Agreement and voluntarily consent to counselling services with Western Winds Counselling. *

Yes | No

Client Signature *



Date *