# JEFF GOODRICH COUNSELLING

• 175 4<sup>th</sup> Ave, Kamloops, B.C.

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•Cell: 250-640-6487

•jeffgcounselling.com

### STATEMENT OF SERVICES

### **Counselling Services**

I provide professional personal counselling in a private practice context. I hold a Master's Degree in Education, (Counselling Specialization), a BC Teaching Certificate, and a Bachelor's Degree in English. I have over 28 years of experience working in various educational and counselling settings. Also, I am a registered member of the B.C. Association of Clinical Counsellors (#16856).

### **Confidentiality Policy**

Counselling is confidential. No information is provided to third parties, either written or oral, unless prior written permission is given. Limits to confidentiality exist under the following conditions:

- imminent self-harm or danger to others - child welfare concerns - subpoena or court order

### **Cancellations and Missed Appointments**

Clients are responsible for missed appointments and late cancellations. Except in a true medical emergency or natural disaster, clients are responsible for the full fee (\$145) if the appointment is canceled with less than 24 hours notice or if the client does not show for the scheduled appointment.

#### Sessions and Fees

My fees are \$145 per 50 minute session. You may be eligible for third party billing if you have an Employee Assistance Program through work, or if you have extended benefits. Payment can be made via cash, credit card, or e-transfer: <a href="mailto:jeffgcounselling@gmail.com">jeffgcounselling@gmail.com</a>. Receipts are sent out via email.

## **CONSENT TO COUNSELLING**

I HAVE	READ THE ABOVE, UNDERS	TAND ITS CONTENTS, ANI	O CONSENT TO THE	
COUNS	ELLING PROCESS.			
	Print Name	Signature	Date	
	Print Name	Signature	Date	