

Welcome! This document is to inform, you about my background and to ensure that you understand our professional relationship. I believe in the worth and dignity of each person that I meet. I also believe that in times of difficulty and crisis, the opportunity to work together with a professional counselor can facilitate healing opportunities and meaningful connections with others. I hope that we can engage in a process that will help you create a secure base and a haven of safety and acceptance in your life.

#### My Background:

I have been practicing as a counsellor in private practice for the over 33 years in Winnipeg, working with individuals, families and couples. I have also taught counselling courses for over 15 years at the Universities of Manitoba, Winnipeg and British Columbia. Additionally I worked in Vancouver at the Vancouver Couple and Family Institute for two years in 2005-2007. I am certified as a therapist, supervisor and trainer in Emotionally Focused Couples Therapy by the International Centre for Excellence in Emotionally Focused Therapy. I received my M.Ed. (Counselling) in 1982. I am a Certified Canadian Counsellor (Canadian Counselling and Psychotherapy Association), and am a clinical member and supervisor with the American Associations of Marriage and Family Therapy. I am the founder and director of the Carolina Center for Emotionally Focused Therapy and an adjunct at University of North Carolina at Greensboro.

You can read more about me and my approach to therapy at <http://www.lbrubacher.com/>

I need to also let you know that my life is somewhat irregular in that since 2007 I divide my time 50/50 between Winnipeg and North Carolina. I work with many individuals and couples this way, but I want you to be informed at the outset that I may not be as available for regular sessions as you would wish. I may be available to schedule appointments via telephone or skype when I am away.

#### Confidentiality:

All discussions that we will have together are confidential. No information or the fact that you have attended sessions with me will be disclosed to anyone, including family members, employers or anyone else without your prior knowledge and written consent, except as required by law or in situations that I deem as potentially life threatening. Limits on confidentiality as required by law include situations involving child abuse or directed threats of violence.

Email: If you choose to communicate with me via email, please be aware that email is not a secure medium and that confidentiality cannot be guaranteed. It is an expedient way to set appointments, but not to be used for therapeutic consultation between sessions.

#### Fees

Therapy hours are typically considered to be 50 minutes long. I prefer to meet for 1.5 hours for the first session and 1.25 hours for sessions thereafter, however I am agreeable to meet for a one-hour session (50 - 60 minutes). My fee is 200.00 per hour. Sessions longer than one hour will be prorated. Hence 1.25 hours would cost 250.00 and 1.5 hour would cost 300.00.

Payment is made preferably, prior to the session, or immediately after. You can pay via e-transfer to [lorrie@lbrubacher.com](mailto:lorrie@lbrubacher.com) or by Paypal. A Paypal link can be found at: <https://www.lbrubacher.com/consultation>

#### Cancellation policy:

Please note that with the exception of emergencies, I ask for 48 hour advance notice for cancellations or appointment changes. Because your session is reserved exclusively for you, late cancellations and changes will be billed at the full rate. It is to your advantage to keep all your appointments in order to maximize the benefits of the therapy.

Sincerely,

Lorrie Brubacher MEd, RMFT #20171235, LMFT (NC) # 1245

By your signature(s) below you are indicating that you have read and understood this statement and/or that any questions that you have about this statement have been answered to your satisfaction. You are also agreeing to give at least 48 hours cancellation notice, and to pay for any missed appointments.

Signature(s):

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

### **PERMISSION TO AUDIO OR VIDEO RECORD COUNSELLING SESSIONS**

In order to constantly improve my counselling and to help other therapists improve their skills, I often like to record sessions. If you are comfortable with this I need your written permission. Our work in counselling will not be effected by the recording and you are free to say no. If at any time you change your mind we can stop the recording.

I give permission for Lorrie Brubacher to record our counselling sessions for the following use. Initial the options agreeable to you. (Initials)

- 1) For Lorrie's review outside of sessions. \_\_\_\_\_
- 2) For Lorrie's use in professional writing, with our identities disguised. \_\_\_\_\_
- 3) For Lorrie's use in training students and/or other therapists, with the understanding that my confidentiality will be protected at all times. If either a student, consultant or therapist knows me in any way whatsoever they will not view the recording and will keep my confidentiality as per standard professional guidelines. \_\_\_\_\_

Name: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print)

Name: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print)

Date: \_\_\_\_\_