Volition Vocational
Client Informed Consent

Tel: 236-439-2042
Email: Evan@VolitionVocational.com
Website: VolitionVocational.com

The purpose of this informed consent form is to share some important principles, which guide our vocational rehabilitation and counselling process so that your decision to proceed in working together can be based on accurate, informed expectations. Please read this carefully.

Clients' Rights:

You have the right to ask questions about anything that happens in vocational rehabilitation and counselling. We are always willing to discuss how and why we have decided to do what we are doing, and to look at alternatives that might work better. You can feel free to ask us to try something that you think will be helpful, as well as to refuse any vocational rehabilitation or counselling techniques. You can ask us about our experience and training for working with your concerns and can request to be referred to someone else if you decide we are not the right vocational rehabilitation counselling professional for you. You are free to leave our services at any time, although we would recommend that you participate in a closure session. If you are dissatisfied with our services, please let us know.

Contacting Us:

We may not be immediately available by phone, but you can leave a voicemail. We will make every effort to return your call or email within 1-2 business days, with the exceptions of weekends, holidays, or leave. If we will be unavailable for an extended time, we may provide you with the name of another vocational rehabilitation or counselling professional to contact, if necessary.

Crisis or Emergencies:

If you experience a mental health crisis, please contact the BC Mental Health & Crisis Response line (310-6789) or your physician (or an urgent / primary care centre). For medical emergencies, please dial 911 or go to your local hospital emergency centre.

Acknowledgement and Consent:

Upon signing below, you are indicating that you have read and understood this consent form and that any questions you had about this consent form have been answered to your satisfaction, and that you were provided a copy of this document. You agree to accept the vocational rehabilitation and counselling services offered.

Client Signature: _____ **Printed Name:** _____

Date: _____