

E. Inga Markham BSc.PN., MMFT, RPN, RCC, RMFT
Marriage & Family Therapist/Clinical Counsellor/IFS Therapist

Member : BC Assoc. Clinical Counselors
Clinical Member: BC Assoc. Marriage & Family Therapy & AAMFT
Certified Internal Family Systems Therapist (CSL)

Reg. # 2933
Reg.# 111000

#420—1105 Pandora St.
Victoria, BC. V8V 3P9
Tel: 250-6867751

www.ingamarkham.com
e-mail: inga@ingamarkham.com

Credentials and Personal Therapy Style:

I share this with you so that you may make an informed choice to enter therapy.

I have an undergraduate degree in Psychiatric Nursing from Univ. of Brandon, Mb. and a Masters degree in Marriage and Family Therapy from the Univ. of Winnipeg, Mb. I am an Clinical Fellow member of both the American Association for Marriage and Family Therapy and the BC Association for Marriage and Family Therapy. I am a registered member of the BC Association of Clinical Counsellors and a Certified Internal Family Systems Therapist. I provide Individual & Couple Therapy/ Counselling with peer group consultation.

My Approach to therapy is a fully collaborative one, whereby I recognize and respect that you are the expert on your life. I work from an integrative experiential and Solution Focused perspective as well as specializing in Internal Family Systems therapy. All of these therapy models are researched and presented extensively in the professional literature.

I assure you that I am aware of how difficult it may be to make the decision to enter therapy and want you to know that the pace of therapy will be guided by you. I will provide the space and safety for you to do the work that you have come to do.

Limits of Confidentiality and Duty to Warn:

All communications in therapy are confidential and privileged. With the following exceptions it is a violation of the Code of Ethics of both the BCAMFT and BCACC to breach confidentiality under any circumstances.

Exception #1 The requirement to report incidences of child abuse being perpetrated.

Exception #2 The requirement to comply with a court ordered subpoena.

Exception #3 The requirement to prevent harm to the clients themselves or to someone else, should such plans be disclosed.

Conditions of Practice:

- It is your responsibility to inform the therapist with a minimum of 24 hours notice, if a session is to be cancelled. If you fail to make the appointment and have not given appropriate notice, regular fees may be charged.
- If you arrive more than 25 minutes after the session was scheduled to begin you may consider the session cancelled and are responsible for payment.

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The Therapy Fee is \$110 per 55 minute session, unless otherwise arranged. Cheques or cash are accepted at the beginning of each session. You will be provided with a receipt at the end of each session or monthly, as requested. Should you, at any time during the course of our work together, find it difficult to meet the fee please let me know.

I would like you to understand that, should you have a concern about the ethical workings of your therapist, you may pursue such concerns with the Chair of the Board of Ethics of the BC Assoc. of Marriage and Family Therapy and/or the Chair of the Board of the BC Assoc. of Clinical Counselors, who will take whatever action may be deemed appropriate.

I, (please print) Acknowledge that I have read and understood the above and any questions pertaining to the above have been answered by Inga Markham. In signing this document I agree to abide by the conditions outlined above.

Signed:..... Date:.....

Address:.....
.....
.....

Tel:

Therapist Signature:.....

Date:.....