



Registered Clinical Counsellor

Suite 10-655 Fort St. Victoria, BC V8W 1G6

250.514.4731

lisa@lismortimore.com www.lismortimore.com

EDUCATION

- Personality and Spirituality Workshop - Dr. Ian Macnaughton, May 2008
- Somatic Transformation Research, Education & Consult Group - Dr. Sharon Stanley, 2007
- Spirituality in Medicine – Dr. Stephen Aung – May 2007
- Relationship Counselling from a Somatic Perspective –Dr. Sharon Stanley, Nov 2006
- Development Across the Lifespan: Attachment, Spirituality and Trauma – Dr. Sharon Stanley, July 2006
- Five Elements Theory and Counselling – Noel Taylor – Victoria, BC – May 2006
- Healing through Image – Dr. Judith Berotia – Victoria, Feb 2006
- Responwww.traumahealing.comnse Based Therapy – Dr. Allan Wade – Duncan, Aug 2005
- Satir Family Systems Training, Victoria, Level I, 2005
- Somatic Experiencing Practitioner - Foundation for Human Enrichment, Boulder CO, 2002- 2005
- Masters of Arts - Counselling Psychology - University of Victoria, 2004
- Advanced One-Eye-Therapy Certification –Vancouver, 2001
- Diploma of Education in Guidance Studies - University of British Columbia, 2000
- Bachelor of Arts - Simon Fraser University, 1993
- Certificate of Liberal Arts - Simon Fraser University, 1993

SESSION INFORMATION

Sessions are an hour; the fee is \$100, payable at the end of each session by cash or cheque.

If you need to cancel or change your appointment please give 24 hours notice: sessions fees will be charged for missed appointments and late cancellations.

If you need to contact me I may be reached at the phone number listed above. If it is an emergency and I am not available, please call the Need Crisis Line at 250-386-6323.

I generally receive and reply to messages weekdays.

Agreement

Date_____

I _____ have read and understand the information included in this document.



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Dear Client,

In order to be well informed about my policies and your rights as a client, I am providing you with this material. Please read this carefully and, if you need clarification on any of this information, please ask me before signing this form.

You have the right to privacy, confidentiality and full professional behaviour. You also have the right to see any files or information I keep regarding your work with me. Confidentiality is a serious concern for me. I will not divulge any information shared in our work together without your express, written permission, except under the following circumstances:

- That, in my opinion, you are a danger to yourself or others
- That, from the information you share with me, I conclude that you or someone about whom you have been speaking is in danger
- That a court of law orders me to release any notes which I have kept concerning our sessions.

I will, during the course of our work together, be seeking professional consultation. This is to ensure that you receive the best possible care that I can offer. While in consultation I will need, at times, to describe some practical details of our sessions. The same boundaries will apply to these details as I have described will apply to my notes. I will be seeking consultation only in terms of professional support of the work we are doing together.

I look forward to a close, professional, relationship with you.

Warmly,

Lisa Mortimore

Client Signature _____ Date _____