Institute for Advancements in Mental Health

Client Consent Form for Strengthening Families Together (SFT)

Please review the following information, if you have any questions or concerns about our consent process, please indicate so and one of our counsellors will be in touch to review in more detail.

Confidentiality

I understand that all information shared is confidential and no information will be released outside of the Institute for the Advancements of Mental Health (IAM) without my written authorization. Information will not be released to other third parties or used for any other purpose than those outlined in this consent form. Verbal consent for limited release of information may be necessary in special circumstances which will be discussed and attained prior to any action taken with my personal information.

I understand that information my counsellor collects includes, but is not limited to names, contact information, brief health history, issues surrounding mental health care in the family, other services being used, number of visits to IAM and any other information related to the reason for my participation in SFT. The above information is considered confidential and is stored in our secure database and will not be revealed in group sessions.

I further understand that there are specific and limited exceptions to this confidentiality which include the following:

A. When there is a risk of imminent danger to myself or to another person, my counsellor is ethically and legally bound to take the necessary steps to prevent such danger. This may include contacting relevant authorities even if I do not wish my counsellor to do so.

B. When there is a reasonable suspicion that a child or elder or any vulnerable person is being physically, emotional, psychological and/or sexually abused or neglected or is at risk of such abuse, my counsellor is legally required to take steps to protect the person, and to inform the proper authorities.

C. When there is reasonable suspicious that a registered healthcare provider has physically, emotional, psychological and/or sexually abused a client, my counsellor is legally and ethically required to report the registered health care provider to their designated college of registry.

D. All other request for my personal information to be either released or obtained by my counsellor or other professionals (e.g., my family doctor, physician, psychiatrist, lawyers, etc.) will be discussed as they arise and will require my written permission to comply, unless ordered by court or community treatment order (CTO).

E. I AM is committed to protecting the privacy of personal Information of clients and has instituted practices that are in compliance with the Personal Information Protection and Electronic Documents Act (PIPDA) as well as the Personal Health Information Protection Act (PHIPA).

F. I have been advised by my counsellor that my written consent must be provided if I wish to receive promotional materials and notification of events from IAM.

Please note that statistical data on clients is used for funding, complying of statistics and program evaluation purposes. Your name and any other identifiable information will not be included in this data collection.

Service agreement

I understand that I will receive evidence-based educational and informational services in the form of group sessions. I understand that I am free to discontinue these services at any time without penalty or prejudice. I am encouraged to discuss either a change in approach or a referral to another professional with my counsellor to ensure that I receive the best care possible.

I understand that this consent will remain effect until such a time as I withdraw it via written consent or discontinue services with my counsellor by informing them of my intent to do so.

Risk and benefits of Online Services

Please see limits of confidentiality of information of the **Confidentiality** section of this document.

I understand that while attending these educational group sessions may provide significant benefits based on empirical evidence, it may also pose risks. These group sessions may elicit uncomfortable thoughts and feelings or may lead to the recollection of troubling memories. My feedback and communication about the group process and impact is crucial in reducing my risk for harm, and my counsellor has encouraged me to communicate any concerns or discomforts with them as soon as possible.

I also understand that choosing not to participate in group sessions may also result in greater discomfort or escalating risks. It has been explained to me that if this happens, I am encouraged to speak with my counsellor **privately**.

Disadvantages of online counselling include varying time zones, cultural differences, language barriers and strengths of internet connection which may include service delivery. You **must** provide off-line contact information in case of a technology breakdown. Counsellor will contact me if such situation arises.

I understand my counsellor will not accept me as Friend or Contact request from current or clients on any social networking site (Facebook, LinkedIn, Instagram, etc.). Adding me as a Friend or Contact on these sites compromise my privacy and confidentiality. It may also blur the boundaries of our therapeutic relationship.

Contact Policy If you need to contact me between sessions, please leave me a voicemail or email. Your messages will be returned as soon as possible and by the end of the next business day. Messages received on the weekend will be returned on the next business day.

Institute for Advancements in Mental Health

Rights and Responsibilities I have a right to be treated with respect, dignity, and without discrimination regardless of my age, gender, mental and physical status, sexual orientation, race, belief system or ethnic background. I can expect from my counsellor to make their best effort to provide services as competently as possible. I have a right to ask questions at any time, be informed by my counsellor as to their qualifications, areas of specializations and limitations, and the code of ethics which they follow. I have a right to be advised as to the limits of therapeutic service, discuss my treatment with others (including getting a second opinion), and have been informed of grievance procedures so that I may file a formal complaint when I am not able to resolve my concerns. I understand that I may stop receiving service at any time. I understand that I have a right to view my file notes in a timely manner from the date of my request what is being documented about me.

Client (please print): _____

Signature: _____

Date: _____