



# **INDIGENOUS WHOLISTIC HEALING SERVICES**

**125A IDYLWYLD DR SASK. SK S7L 0Y6**

## **INFORMED CONSENT FOR COUNSELING**

**Please read the following and then sign to indicate agreement:**

In an effort to promote a trusted and productive counseling relationship, the following is provided for your understanding and signed consent.

### **COUNSELING:**

It is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals.

Counseling involves sharing sensitive, personal, and private information that may at times be distressing. Counseling can be seen as a process or a vehicle to assist Individuals towards making changes more thoughtfully and/or more rapidly.

While in counseling, you are responsible for being as honest and open as possible. Change usually involves letting go of things or ideas that are familiar in order that new possibilities can emerge. Effort and risk will be required. There may be some emotional pain.

### **CONFIDENTIALITY:**

All interactions with Counseling Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file.

## **EXCEPTIONS TO CONFIDENTIALITY:**

- The counseling staff works as a team. Your therapist may consult with other counseling staff to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- A court order, issued by a judge, may require the Counseling Services staff to release information contained in records and/or require a therapist to testify in a court hearing.

**CONSENT FOR COUNSELING:** I have read and understand the information contained on this form and voluntarily agree to participate in counseling and/or consent to the participation of my child in counseling.

**Printed Name (first and last):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_