



INDIGENOUS WHOLISTIC HEALING SERVICES

INFORMED CONSENT

Andrew Bear BISW, D.M.

The purpose of this informed consent is to make you aware of your rights and responsibilities as a client, and my rights and responsibilities as a Wholistic coach, to make you aware of the limits of confidentiality, and to give you some insight into the approach that I generally take with the people I work with, and what you can expect from participating in a counseling relationship with me. I hold a degree in Social Work from First Nations University of Canada. I am bound by their Ethical Practice Standards. I work mainly from a combination of perspectives that include Family Systems, Cognitive/Behavioral and Spiritual orientations. This means that I will likely ask you questions about your family history and look at how it may relate to your current situation. We will examine in detail patterns in your life that you may feel are not effective, look at the beliefs that drive them, and explore new options. I can also help you to explore your own personal spiritual base as it relates to how you operate in life. It is important to be aware that at times this approach can bring up strong emotions and requires courage and persistence. My services include individual, group, family, and relationship counseling.

All of the information that we share together is strictly confidential unless one of the following should occur:

- 1) The courts subpoena my files.
- 2) I am subpoenaed as a witness in court.
- 3) If I suspect cases of child abuse that have not been previously reported. This includes physical harm, sexual abuse, sexual exploitation, and emotional harm. In this case I am required by law to report to the Ministry for Children and Families.
- 4) If you threaten to harm yourself or another. In this case I am also required to report this to the proper authorities.
- 5) If you happen to be subject to counseling through either the courts, provincial or federal corrections; it is essential that I share your progress, with the Health Team of your community. Your treatment, therapy and counseling sessions will be kept strictly confidential. If you do not understand fully any portion of this statement, or have questions about it, please do not sign below. I will go over this consent with you and clarify any questions you may have. By signing below, I indicate that I have fully read, understand, and agree with the above.

Signature's

Signature

Name's (please print)

Name's (please print)

Date

Date

I look forward to connecting with you, and assisting you in your journey of life