



## Informed Consent for Supervised Practice

Client Name:		Date of Birth:		Gender:	
Name of Caregiver:		Name of Caregiver:			

This informed consent form outlines the details and context of the supervised practice your practitioner, **Julie Lavigne, CYW, CYC (Cert.)** receives, and what this means regarding your care and your client record.

Supervised practice for your practitioner involves regular clinical supervision by **Paola Ostinelli, CYW, CYC (Cert.), MSW, RSW**. Paola is registered and in good standing with the Ontario Association of Child and Youth Care (OACYC) as well as the Ontario College of Social Workers and Social Services Workers (OCSWSSW). Paola's registration number with the OCSWSSW is 821243.

As part of registration with the OACYC and the OCSWSSW, professionals are bound by a Code of Ethics as well as Standards of Practice. When working with children, youth, and families, we have a professional responsibility to conduct ourselves and maintain professional standards in every aspect of our work. We strive for maintaining ethical practice, which includes the importance of professional conduct, the expectation of seeking regular supervision, and consulting with others on several practice and ethical experiences.

Your practitioner is provided clinical supervision by a registered social worker, therefore the client record (your/child's file) which contains personal health information (PHI) will need to meet the standards set out by the OCSWSSW. This includes compliance with appropriate legal and professional standards for the protection of private health information. All reasonable measures are taken to ensure that all documents that make up your client record are stored on a well encrypted, password protected cloud-based service, strict confidentiality measures are maintained, and access is limited only to those for whom you provide expressed written consent.

If you have extended health benefits through private insurance which covers counselling services supervised by a Registered Social Worker, by providing consent to your practitioner for supervised practice by an RSW, you may be able to submit your receipts for services for reimbursement. Your practitioner will provide further information on how to determine if this is something you can pursue.

In order to submit your receipts for services for reimbursement through extended health benefits, you acknowledge your consent for your client record and supervision of care to become the legal and ethical responsibility of the supervising registered social worker and, therefore, will be kept and maintained by Paola Ostinelli, MSW, RSW for ten (10) years after treatment ends (or 10 years after the client's 18th birthday), as required by the OCSWSSW.

Access to your client record can be made in writing at any time to Paola Ostinelli, and your practitioner can provide more information. Your consent indicates that you understand how this impacts the sharing, storage and access to your or your child's personal health information.

You may withdraw your consent at any time, and your decision will not impact the level of care you receive. By signing below\*, you provide your consent and agree to allow your (or your child's) work with **Julie Lavigne, CYW, CYC (Cert.)** to be clinically supervised by **Paola Ostinelli, CYW, CYC (Cert.), MSW, RSW**.

Caregiver name, signature:	_____	Date:	_____
Caregiver name, signature:	_____	Date:	_____
Child/Youth name, signature:	_____	Date:	_____
	(Signature needed if age 12 or older)		
Witness name, signature:	_____	Date:	_____

\*This consent is valid for one year from this date. Informed consent will be revisited after this time, and a new agreement will be signed.