



## **Consent for Counselling Services (Minor Or Dependent Adult)**

Welcome to Lethbridge Counselling Services (LCS)! This document is intended to provide you with information about receiving counselling services with LCS. Please review this information carefully and ask any questions you may have before you sign this consent. If you would like a copy of this form, let your Counsellor know.

### **Q. What are your qualifications?**

A. At Lethbridge Counselling Services, we are pleased to offer the services of Registered Psychologists, Registered Provisional Psychologists, Registered Social Workers and Canadian Certified Counsellors. All of our therapists are health professionals, trained at a master's level and are associated with a professional regulatory body.

### **Q. What kind of issues can therapy help with?**

A. Counselling is a process that focuses on wellness, personal growth, and addressing a variety of specific presenting concerns. The Counsellor's role is to help you work in ways that respect your child/dependent adult's values, personal resources, and capacity for self-determination. Goals for counselling will be informed by you as the parent/guardian(s) and the child/dependent adult collaboratively, and it our hope that we can assist your family in meeting these goals. Your Counsellor can discuss with you their particular areas of practice and specialty, and you can let the know what kinds of support you are looking for your child/dependent adult.

### **Q. What are the risks and benefits of coming for therapy?**

A. There are numerous risks and benefits with coming to counselling. The way you act, feel and think are impacted by coming to counselling. This may be positive or negative. Please discuss these further with your Counsellor and let them know if you have any specific questions or concerns.

### **Q. What are the responsibilities of the therapist in the counselling process?**

A. Your Counsellor is responsible for practicing ethically and in line with their own standards of practice for their profession.

### **Q. What are my responsibilities in coming to therapy?**

A. You, as a parent/guardian of a client receiving services with Lethbridge Counselling Services, are responsible for:

- Ensuring your child/dependent adult attends their sessions as scheduled and letting your Counsellor know if you need to cancel or change an appointment. Please contact your Counsellor directly to advise of cancellations and rescheduling.
- Completing homework or employing strategies as discussed

- Being an active participant in the counselling process
- Providing the Counsellor with important changes and updates re: your child/dependent adult that are pertinent to the counselling they are receiving
- Not attending the LCS office if you are ill (symptoms consistent with COVID-19) or if you have tested positive for COVID-19 and are still experiencing symptoms.

**Q. Are there alternatives to counselling?**

A. There are many ways people may choose to deal with struggles in their life and counselling is definitely one option. Other options may be to talk to your doctor or see a natural health practitioner. Talking with friends and family may also be helpful.

Some presenting concerns, however, are best handled with professional assistance. Not dealing with personal issues can have consequences in the long-run including the problem potentially getting worse and negative impacts on your studies, relationships, or health.

**Q. How can I access services?**

A. Services are available in person at the LCS office, by telephone or online via ZOOM (Encrypted Health Care version). Virtual services are generally only provided to Alberta residents, depending on your Counsellor’s regulatory body.

**Q. What do I need to know about virtual services?**

A. If you are accessing services virtually it requires that you have a basic level of comfort with and access to technology and are familiar with programs such as ZOOM and email.

There are also risks associated with virtual services including pitfalls associated with technology. There may be unplanned service disruptions, lag time in online conversations, and delays in sending and receiving emails. There are also security risks always present with transmitting information online. It is your responsibility to be familiar with the terms of service for the technology being used.

We suggest the following guidelines for virtual services:

- Please ensure you are in a private space by yourself to attend your appointment.
- Use a secure internet connection (no public Wifi)
- Use a password for access to your computer and email account and log out when you are finished.

Attending counselling virtually is not for everyone. There are some presenting concerns that are best worked with in person. If it felt by you or your Counsellor that virtual services are not appropriate, you are welcome to attend in person or request a referral.

**Q. What is in my file?**

A. Your child/dependent adult’s file will contain the completed client information form and signed consent. It will also contain documentation (i.e. session notes, assessments) related to the services provided. You as the parent/guardian generally have the right to view your file with a few exceptions: If accessing the file may cause you or another person harm (at the discretion of your

Counsellor) or for other reasons as outlined by applicable practice standards. In this case, portions of your file may be withheld.

Privacy is especially important in securing and maintaining that trust. It is often helpful for children/dependent adults to develop a “zone of privacy” where they can feel free to discuss personal matters with their Counsellor safely without worrying that everything they shared will be passed on to their parents/guardians. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. Please note that in order for your child/dependent adult to feel safe sharing openly during their counselling, we ask that you waive your right of access to the file in order to honour their privacy. Any pertinent information related to risk will be shared along with mutually agreed upon updates.

Your Counsellor must keep your file for a minimum of 10 years from the end of therapy or 10 years after the date your child turns 18 years of age, after which your file will be shredded. Depending on your situation your file may be retained longer. Please discuss this with your Counsellor if you have questions.

**Q. How are files stored?**

A. Your Counsellor is responsible for the secure storage of your file and is the only one with regular access to it. Paper files will be stored securely in a locked cabinet. In the case that files need to be transported, they are moved and stored securely.

If your Counsellor is storing files electronically, files are saved and accessed securely on an encrypted and password protected file hosting service and/or stored securely on a hard drive and are accessed only by your Counsellor on their personal and password protected device. Your Counsellor will advise of specific details of their file storage. Please be sure to ask if you have any questions.

**Q. Can I be friends with my Counsellor?**

A. Your relationship with your Counsellor is a professional one guided by rules and ethics. As such, your Counsellor cannot:

- Have a business or personal friendship relationship with you or any member of your family
- Ever have any type of romantic or sexual relationship with you or any member of your family
- Be your Counsellor if you are related
- Be connected to you or your child/dependent adult through personal accounts on any social media site
- Receive gifts of a high monetary value from you

**Q. How private is my information?**

A. All information shared by you and your child/dependent adult within sessions is confidential and will not be shared with anyone unless you give your Counsellor permission to do so. The following are exceptions to this:

For billing purposes, Counsellors at LCS use a program called Wave Accounting for bookkeeping and billing purposes. This is an internet-based application with a secure login. Your name and your

child/dependent adult's name and email address will be stored in this program in order to create invoices for services.

If your child/dependent adult has an open claim with the Worker's Compensation Board (WCB), and they request information about the care you're receiving, your Counsellor must provide this information.

Your Counsellor will at times share information for the purposes of consultation. Only non-identifying information is shared, for the purposes of providing you with the best possible service during your time with us.

LCS uses a shared Outlook calendar system in order to manage bookings, so your name, your child/dependent adult's name and contact information will be visible in the calendar and viewable by LCS staff. If you have any concerns about your information being viewed, please discuss your specific needs with your Counsellor.

Legally and ethically, your Counsellor must breach your confidentiality if:

- You or your child/dependent adult threatens to do serious physical harm or kill yourself or another person.
- They become aware that a minor (under age 18), a dependent adult, a person in care or other vulnerable person/animal has been harmed (past or present) or is in danger of being harmed.
- They receive a court order (subpoena) that makes it so that they must release information/or if the court requires them to testify at a court hearing.

To further protect your privacy, please be aware:

- Your Counsellor will not greet you or your child/dependent adult outside of the Lethbridge Counselling Services office unless you greet them first.

**Q. How long does counselling take?**

A. The length of counselling (# of sessions) will vary depending on your child/dependent adult's individual issues and needs.

**Q. Is counselling covered by my employee health plan?**

A. Many employee/student health plans with extended health benefits may cover all or a portion of counselling services. Each plan is different in terms of the amount of coverage, number of sessions, and qualifications required for the therapist. It is your responsibility to be aware of your coverage limits.

**Q. How much does counselling cost?**

A. Each Counsellor has their own fee schedule that will be discussed at the time of booking.

**Q. Can you direct bill for services?**

A. Many of our Counsellors do offer direct billing. You can discuss with your Counsellor what options may be available to you at the time of your first appointment. Please note that it is your

responsibility to ensure there is adequate coverage for services rendered. If you exceed your coverage or run out, you are responsible for any balance owing.

If you would like your Counsellor to direct bill for services, your Counsellor will need to share your name, your child/dependent adult's name, date of birth, session dates and fee for services provided with your insurance company.

**Q. What if cancel or don't come to my appointment?**

A. All cancellations must be made at least 24 hours in advance of the appointment whenever possible. Failure to cancel within 24 hours or not attending a scheduled appointment may result in being billed for the missed session. Please contact your Counsellor directly to cancel or reschedule.

**Q. What if I don't pay my balance?**

A. If there is a balance owing for services due to a no-show, insurance non-payment, or other arrangements not honoured by you, your Counsellor reserves the right to contact your insurance company regarding coverage or to send your outstanding account to collections for payment. Non-payment may result in a disruption of services.

**Q. How long is a counselling session?**

A. Counselling sessions are generally 50-55 minutes in length, unless previously arranged. Fees for longer sessions will be charged accordingly, and as discussed with your Counsellor.

**Q. What if I am in crisis?**

A. LCS is not a crisis service and cannot guarantee availability of crisis support. If you are in crisis we encourage you to contact the Distress Line (403.327.7905), call 911, or attend the emergency room at the Chinook Regional Hospital. Please discuss your specific needs with your Counsellor.

**Q. Do you provide childcare?**

A. No, childcare is not provided and children cannot be brought to sessions (with the exception of small infants).

**Q. What about safety?**

A. We ask that you or your child/dependent adult do not attend sessions while under the influence of alcohol or drugs as this negatively impacts both your safety and the safety of your Counsellor. We also do not allow any aggressive or abusive behaviour directed towards other clients accessing services or towards any member of the LCS team. If your Counsellor or any LCS team member feels threatened by any action (verbal or physical) made by you or your child/dependent adult, you will be asked to leave and services may be discontinued.

**Q. What if I am not happy with my therapy experience?**

A. We encourage you to share your concerns with your Counsellor and we can see what we can do to make things better. You also have a right to request a referral to another Counsellor if you feel like your Counsellor is not the right fit for you.

If you have a concern about the professional conduct of your Counsellor, you have the right to file a complaint with their regulatory body. In doing so, you are waiving your right to confidentiality in order for the Counsellor to speak to your complaint.

**Q. How do I know when counselling is finished?**

A. Counselling can be discontinued at any time by either the client or the Counsellor. Ideally though it is joint decision when you as the client along with your child/dependent adult feel as though you have met the goals you set for yourself in counselling and no longer require the service.

**My Consent**

You have the right to ask questions about this consent at any time. You also have a right to have a copy of this form if you wish. Please take a paper copy or download from the LCS website.

Your consent for services is valid from the date it is signed by both you and your Counsellor.

You have the right to withdraw your consent for services at any time, without prejudice, during the course of service delivery. Should you wish to do so, please let your Counsellor know and this will be documented on your file and services will be discontinued.

**Parent/Guardian Consent** *(please check one)*

Parents are together and share custody and guardianship. Consent from one or both parents is adequate.

Parents are not together and one parent has sole custody and sole guardianship and can only give consent

Parents are not together and share joint custody and guardianship. Consent from both parents is required.

Child is not under care of Parent(s); Legal Guardian providing consent.

Parent/Guardian #1 contact information:

Parent/Guardian #2 contact information:

Name:

Name:

Address:

Address:

Phone:

Phone:

Email:

Email:

**CONSENTING PARENTS/GUARDIANS:**

I UNDERSTAND THE INFORMATION OUTLINED IN THIS FORM AND I HERBY PROVIDE MY INFORMED CONSENT FOR COUNSELLING FOR MY CHILD/DEPENDENT ADULT:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNSELLOR:**

In my professional opinion the above consenting person(s) appears to understand the information presented and there does not appear to be a reason why this person(s) is not fully competent to give informed consent to participate in the counselling process.

Consent was:        \_\_\_ Obtained    \_\_\_ Limited    \_\_\_ Refused

Counsellor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Client Information Form

Child's Name:

D.O.B.

dd/mm/yyyy

Preferred name(s) if different than above:

Pronouns:

1. Parent/Guardian's Name:

Phone#:

Email:

2. Parent/Guardian's Name:

Phone#:

Email:

Living Arrangement for the child/dependent adult? \_\_\_\_\_

What is the best way to reach you and who should we contact?

\_\_\_\_\_

### **Extended Health Benefits Information:**

Company: \_\_\_\_\_

Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

If coverage is not yours, name of insured member: \_\_\_\_\_

DOB: \_\_\_\_\_ (DD/MM/YY)



Limitations of Benefits Coverage (qualifications, amount):

**How did you hear about us?**

Friend                      Doctor                      Another Counsellor                      Family Member  
Internet Search              Facebook                      Yellow Pages                      Other

**Anything else you would like us to know?**

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