

Interweave Counselling Consent and Limitations

Date _____

Accuracy of Information

_ I certify that the information provided on my Secure Intake Form is accurate to the best of my knowledge.

Privacy and Information Sharing

_ I authorize Interweave Counselling and North Land Counselling Group to collect my personal information for the purpose of providing psychological services and to coordinate care. I authorize my Registered Service Provider to communicate with my physician and/or psychiatrist as medically necessary and I understand that my Registered Service Provider will discuss this communication with me.

Limits of Confidentiality

_ I understand that Registered Service Providers are legally obliged to disclose information about me with or without my consent to appropriate authorities under the following circumstances: (a) there are reasonable grounds to believe a child under the age of 18 is at risk of harm; (b) there are reasonable grounds to believe a resident in a long term care or group home facility is at risk of harm; (c) there are reasonable grounds to believe that a person with a legal Guardian or Trustee is at risk of harm; (d) there are reasonable grounds to believe I am actively a risk to myself or to others.

Alberta College of Social Workers

_ I understand that my Registered Service Provider holds a practice license with the Alberta College of Social Workers (ACSW) and is only able to provide services for individuals and couples physically present within the Province of Alberta, even if services are virtual. I am aware that my Registered Service Provider is registered with the ACSW and that I may contact the ACSW at any time if I have questions or concerns.

Limitations of Registered Service Provider

_ I understand that apart from the Limits of Confidentiality noted above, none of the services provided to me or documentation relating to services may be used for legal purposes such as a divorce, custody hearing, parenting assessment, union or labour dispute, functional assessment, competency assessment, or independent psychological evaluation. I understand that my Registered Service Provider is not a Forensic Therapist and cannot provide an opinion on criminal matters.

Cancellation Policy

_ I understand that Interweave Counselling has a 48-hour Cancellation Policy and that it is my responsibility to contact my Registered Service Provider to cancel or reschedule an appointment. Clients who provide less than 48 hours of notice may be invoiced.

Printed Name _____

Signature _____