

CITY OF FORT SASKATCHEWAN

Family and Community Support Services

COUNSELLING PROGRAM

**INFORMED CONSENT AND AUTHORIZATION FOR COUNSELLING SERVICES**

I/We, \_\_\_\_\_, agree to the following terms and conditions for services rendered by the counselling staff of Family and Community Support Services (FCSS).

1. FCSS Counselling Services are short-term and solution-focused; up to 6 sessions and each session is approximately 50 minutes in length. Extensions of sessions are at the discretion of the Counsellor.
2. I understand that the conversations between Counsellor and client are confidential, with the exception of the following circumstances;
  - (a) My files are subpoenaed by Court
  - (b) I provide information pertaining to child abuse or neglect
  - (c) I provide information that I am a risk to harm myself or someone else
  - (d) I sign consent releasing my information to an identified third party
  - (e) In multiple person counselling sessions, no information obtained from multiple family members may be released to an outside party without the prior written consent of each person.
3. I understand that client files are for the sole use of the Counsellor and do not contain information that will be used in other settings. Counsellors are limited to providing attendance letters only. Additional letters or documentation may be obtained through a family physician or medical doctor.
4. Parental permission must be provided in writing by all parent(s) or legal guardian(s) before children under the age of 18 may be seen by the Counsellor.
5. Hard copy counselling files will be kept in a secure locked location and digital files will be kept on a secure Canadian web-based software program.
6. Adult client's hard copy and digital files will be retained for a period of 10 years from the last appointment date, then destroyed/permanently deleted. Minor client's hard copy and

digital files will be retained for a period of 10 years or 2 years after their 18<sup>th</sup> birthday, whichever is longer, then destroyed/permanently deleted in accordance with the City's policy and procedures and the Standards of Practice set forth by the College of Alberta Psychologists.

7. I understand that a fee for service will be charged for each session on a sliding fee scale based on household income information provided. The fee can be paid by cash, cheque, debit, Mastercard or Visa prior to each session. My fee is set at \$\_\_\_\_/session.
8. I understand that where the fee for service is covered by an insurance provider the non-subsidized amount of \$76.50 will be charged for each session.
9. I understand and agree to pay a fee of \$76.50 for sessions missed or for late cancellations (less than 24 hours notice). No further appointments will be booked until the outstanding balance has been paid.
10. If you arrive late, your session will end at the regular scheduled time and you will be billed for the entire hour. If you are more than 20 minutes late, we will consider this to be a missed session.

In making this agreement, I/We, \_\_\_\_\_,  
do so freely without duress from any source.

Date: \_\_\_\_\_

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

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

\_\_\_\_\_  
Counsellor Signature

\_\_\_\_\_  
Registration Number

**This personal information is being collected under the authority of Section 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used to administer Counselling Services. Your information is protected under the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of your information, contact the FOIP Coordinator for the City of Fort Saskatchewan at 780-992-6200**