

Parental Consent for Services

COUNSELLING – You and your counsellor will work together to help identify goals for counselling and develop an appropriate plan of action to resolve prevent difficulties. Each session is typically 50 minutes long and you may be seen individually, with a partner or as a family.

PROGRAM – All counselling and programs are completely voluntary, meaning it is your choice to participate. Our agency focuses on providing support to you with you directing the help you receive. The goal of our services is to work together to improve your overall wellness.

CONFIDENTIALITY – All information obtained by our agency regarding you and the services provided to you will be treated in a confidential manner. No information about you will be given to anyone without your written consent, unless required by law for the following reasons: a life is in danger; a child is in need of protection; when a court issues a subpoena. As a professional, your counsellor receives clinical supervision and peer consultation to maintain professional standards. To give you the best service, your counsellor may at times consult with other agency staff members about your situation.

PRIVACY - FSS adheres to the federally regulated privacy standards outlined in the Personal Information Protection and Electronic Documents Act, including, where applicable, the use of secure platforms that are compliant with both Canadian privacy laws and those of your province of residence that guarantee the same privacy and confidentiality as sessions that are held in office, as well as, relevant provincial legislation related to the rights of individuals to know the contents of information kept about them. No sessions provided will be recorded.

LEGAL PROCEEDINGS – The agency does not act as witness or give evidence or prepare reports in civil or legal proceedings on behalf of clients of Family Service Saskatoon (e.g. medical leave, grievances, divorce, separation or child custody actions).

CLIENT RIGHTS – As a client of FSS, you have the right to:

- be treated fairly, honestly and respectfully by all staff with regard to your race, culture, gender, age, disability, sexual orientation, spiritual beliefs, or political beliefs.
- be treated with dignity and respect and to receive services that are suitable to you, in a culturally sensitive environment.
- be considered the expert in your own life experience.
- take part in decisions about your service.
- a safe and secure environment.
- refuse additional support that is offered to you and it will not affect your right to access services.
- ask to change counsellor if for any reason you are not comfortable or satisfied with your counsellor. To do this, please speak with our intake department.

CLIENT RESPONSIBILITIES - As a client of FSS, we ask that you:

- actively participate in all aspects of your service with FSS.
- inform staff of any medical condition, disability, or cultural need that requires our awareness or accommodation in providing service.
- to be involved in developing your service plan and tell staff if you do not understand or agree with the plan.
- treat others with fairness, honesty and respect, including maintaining privacy of other clients.
- give your counsellor 24-hours notice if you wish to cancel or reschedule an appointment. Failure to provide sufficient notice may mean a session will be deducted from your counselling services. To cancel an appointment, please call your counsellor.

CONCERNS – If you have concerns or complaints about the service you receive, we ask that you first address the issue with your counsellor. If the issue is not resolved to your satisfaction, you may direct your concerns to the

Director of Programs. A verbal or written response will be given to you within an appropriate time. A copy of the complaint policy can be found on our website.

PARENTAL CONSENT FOR SERVICES

I declare that I, _____, am the parent/guardian of
(parent /guardian name)

_____, and
(child(ren) name)

(a) I am the sole parent/guardian

(b) I share parenting rights and responsibilities with _____.
(print name)

NOTE: If “b” above is indicated, the other named individual(s) must provide their consent as well.

PARENT/GUARDIAN CONSENT FOR SERVICE AGREEMENT

I understand that the counselling services offered by Family Service Saskatoon are confidential and my child’s confidentiality will be respected within the limitations of confidentiality.

Only general information about a child’s counselling process will be shared with parent/guardians.

Information will be kept confidential unless there is a threat of bodily harm to self or others, there is an indication of child abuse/neglect, the information is requested by subpoena for court purposes or written consent is provided by the client to release information.

When it is in the best interests of the child, the counsellor will encourage the child to share information with their parent/guardian.

I agree that neither myself nor anyone representing me shall request a Family Service Saskatoon employee at any time to provide written or oral testimony at any examination, trial, or application in any court where the marriage, the custody of or access to the child(ren) are an issue or are related to the issues or dispute between me and any other person.

I understand that Family Service Saskatoon does not provide custody/access assessments. I have read or had the information on this form explained to me and I hereby consent to have my child participate in counselling.

Parent/Guardian signature: _____ Date: ___/___/___
(day/month/year)

Parent/Guardian signature: _____ Date: ___/___/___
(day/month/year)

Counsellor signature: _____ Date: ___/___/___
(include credentials) (day/month/year)