



## Consent for Counselling Services/Children and Dependent Adults

Jody Francis  
MSW, RSW # 13265

### Confirmation of Informed Consent

I, \_\_\_\_\_ (please print name) have read the "Information Sheet for Counselling Services" form provided and asked any questions I had and understand it. Specifically, I understand:

- The nature and process of counselling, potential risks and benefits, and my rights and responsibilities as a client.
- The credentials of my counsellor.
- That I can stop or refuse any requests or suggestions made by my counsellor.
- The limits to confidentiality including that if I disclose information indicating that myself or someone else is at risk of imminent, serious harm my counsellor is required to breach confidentiality.
- How my information is documented and stored.
- The Wave app is used for invoice and billing purposes.
- The complaint process.
- The fee of \$150 is due immediately after the session ends.
- I will be charged for any session I do not attend that I did not cancel at least 24 hrs. in advance, unless it is unsafe for me to attend the appointment.
- If I am at risk of harm to self or others I agree to contact: The distress line at 403-327- 7905, 911 or a supportive person in my life that I can ask to help me calm and keep everyone safe

### 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.



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Parent/Guardian #1 contact information:

Parent/Guardian #2 contact information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Cell

\_\_\_\_\_  
Telephone/Cell

### CONSENTING PARENT/GUARDIAN(S):

I HAVE HAD THE CHANCE TO ASK QUESTIONS ABOUT THIS FORM \_\_\_\_\_ (initial)

A COPY OF THIS FORM HAS BEEN OFFERED TO ME \_\_\_\_\_ (initial)

I UNDERSTAND WHAT THIS FORM SAYS, AND I HERBY PROVIDE MY INFORMED CONSENT FOR COUNSELLING FOR MY CHILD \_\_\_\_\_:

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

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

### THERAPIST:

I HAVE DISCUSSED THIS INFORMED CONSENT WITH THE PARENT/GUARDIAN(S) AND THE CHILD \_\_\_\_\_ (initial)

In my professional opinion the above person(s) appears to understand the information I have presented and there does not appear to be a reason why this person/these persons are not fully competent to give informed consent for their child to participate in the therapy process.

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_