

Informed Consent Form

Sakala Success Centre Burman University Lacombe, AB Tel: 403-782-3381 ext. 4141 Fax 403-782-4107

Date of Contact:		□ Burman	D PAA
Name:			
Address:			
Home Phone:	Cell/Burman Contact Phone:		
Email:			

I give the Sakala Success Centre permission to correspond with me through the following channels (Check all apply):

Mail 🗆	Home Phone	Cell/Burman Phone 🗆	Email 🛛
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Purpose of Appointment (Check all that Apply)

□ Educational	□ Academic	□ Pe
□ Occupational/Career	□ Testing	\Box Ad
□ Premarital Counselling	□ Marital Counselling	\Box Ac
□ Other:	-	

□ Personal-Social
□ Addictions Assessment
□ Accommodations

Medication	Dosage	How Long

Who Referred You for Counselling?

I was referred □	(By Whom):
I came voluntarily	Counselor initiated

For Office Use Only External Referral		
Yes	No	
Referral made to:		

COUNSELING SERVICES

The Sakala Success Centre provides counseling and academic services at no cost to faculty/staff and students at Burman University and Parkview Adventist Academy, as well as their spouses. These services include, but are not limited to, academic, career, addiction, and personal counseling, and are available on an individual appointment basis. Additionally, programs and workshops may be offered by the Sakala Success Centre throughout the academic school year. Appointments are to be made in person, or by phone at 1-403-782-3381 Ext. 4141

Office hours are as follows:

Monday-Thursday: 8:00AM – 5:00PM Friday: 8:00AM – 12:00PM

ELIGIBILITY FOR SERVICES

The Sakala Success Centre provides counseling services only to currently enrolled Burman University and Parkview Adventist Academy students and faculty/staff, as well as their spouses. A brief-counseling model is utilized as it is most appropriate for our academic clientele. Clients attending counselling will receive up to 8 individual counseling sessions at the Sakala Success Centre. If, at the end of these allotted sessions, the therapist and client deem more sessions to be necessary, there may be additional counseling sessions granted. Students may request off-campus counseling referrals at a fee to the student.

<u>Minors seeking treatment: If you are under the age of 18, you are not legally able to consent to</u> <u>treatment, and written consent is required from your parent or guardian. Minors must also</u> <u>understand that parents' and guardians' have access to their counseling records.</u> To the best of our ability, this Centre will provide legal guardians with only general information about our therapeutic work with minor clients, unless disclosures within therapy fall beyond the limits of confidentiality. To the highest degree possible, the Sakala Success Centre will include minor clients in decisions of disclosure to legal guardians, and involve them within the conversation.

CONFIDENTIALITY

The Sakala Success Centre adheres to the strict confidentiality guidelines determined by the ethical and legal standards for counseling and mental health professionals in Canada, and the province of Alberta. All communications will be made in person, by telephone, or through email (unless otherwise requested by the client). All records and privileged communication by the Sakala Success Centre relating to clients **18** years of age, or older, are kept in complete confidence, except in these cases:

- 1. You directly, or indirectly imply the intention to engage in self-harming and/or suicidal behaviours.
- 2. You threaten to harm another person(s), including murder, assault, or other physical harm.
- 3. You report suspected abuse of a child (under age 18), including but not limited to neglect, as well as physical, and sexual abuse.
- 4. You report abuse of the elderly or a dependent adult.
- 5. When Sakala Success Centre professional staff/interns discuss case material for the purpose of consultation, or supervision.
- 6. When anonymous demographic statistical data is collected by use of anonymous exit survey as required by the province of Alberta.
- 7. When official records are court ordered to be released to the property of the court.

The law mandates that mental health professionals may need to report these situations to the appropriate persons and/or agencies.

CLIENT RIGHTS AND RESPONSIBILITIES

- a. You have the right to confidentiality within the limits described above.
- b. You have the right to be aware and engaged in your treatment planning, goal setting, and the direction of your therapeutic experience.
- c. If during the counselling process, you or your therapist determine that he/she is not effective in helping you reach your therapeutic goals, or if more long-term, or specialized therapy beyond the counselor's competence is warranted, your counselor is obligated to discuss this with you, and if appropriate provide treatment referral options and terminate treatment.
- d. You have the right to be informed of any risks or benefits that may be associated with your therapy.
- e. You have the right to refuse therapeutic interventions, terminate treatment, or request a referral to another counselling professional.
- f. You have a right to request access to your confidential counseling files and paperwork by submitting a written release of information form to the Sakala Success Centre.
- g. The client has a responsibility to make a good faith effort to fulfill and participate in the recommended therapeutic measures suggested by their therapist.
- h. If you believe that your counsellor or the centre has behaved or practiced in an unethical manner, you have the right to file a report to the Vice President of Student Services at Burman University, or to file a formal complaint with the regulatory body of the counsellor in question.
- i. <u>The client has a responsibility to inform the Sakala Success Centre of appointment cancelations at least 2 hours in advance. If the Success Centre cannot be reached, or is outside of posted office hours, a message must be left on the centre's phone informing of the cancelation. Clients who miss 2 consecutive appointments without informing the Sakala Success Centre will have their therapy terminated as it will be assumed they no longer desire services.</u>

POTENTIAL RISKS AND BENEFITS

Therapy can be beneficial to the individual for many different reasons, however, during the process of therapy there can also be risks involved. Below are some of the potential risks and benefits of engaging in the therapeutic process.

- a. Therapy often involves discussions surrounding a clients' most hurtful or difficult life experiences. While therapeutically working through these experiences can provide healing, these discussions may be triggering and difficult to talk about.
- b. While the aim of therapy is to work through difficult experiences, finding growth and wellness as a person, things will often get worse before they will get better. It is not uncommon that the bringing up of previous traumas will cause a great deal of distress within the client that will need to be worked through before healing can occur.
- c. Therapy takes place within a professional therapeutic relationship. At times, due to personality differences or therapy preferences, the counseling relationship may not be a good fit. If this is the case, a referral to another counsellor can be made.
- d. Therapy can provide healing, comfort, and growth.
- e. Therapeutic work can help provide clarity and perspective to personal, academic, or career quandaries.
- f. The therapeutic process can help to identify and correct unhealthy behavioral patterns, relational templates, and coping mechanisms.

EMERGENCY SITUATIONS

In the event of an emergency in which you are unable to reach the Sakala Success Centre team, or which takes place after Centre posted hours, call:

- 9-1-1 Emergency Services
- Burman Campus Emergency at 1-403-786-9009
- The Central Alberta Distress Line 1-800-784-2433
- The Kid's Help Phone (24 years or younger) at 1-800-668-6868
- Obtain safe transportation to the nearest hospital emergency room

*Note: After reading this page, please place your initials on the lines provided

Having read and understood the above document, I agree to the limits of confidentiality stated therein. _____

I understand that my counsellor may work under the direction of a supervisor and that this supervision is important to the overall quality of my therapy. _____

I understand that for my safety and the protection of the counsellor all sessions are recorded. All session recordings are void of audio and are kept in a confidential database and only viewed in the event that there are questions about the quality and ethics of the counsellor. _____

I understand that free counselling at Burman University is a service offered for my benefit and wellbeing, and should be viewed responsibly. I also understand that there is often a waitlist to see the counsellor, and therefore I agree to respect the following guidelines:

a. If I miss two consecutive scheduled appointments in a semester, without calling 2 hours in advance to notify the Student Success Centre that I will not be able to meet the appointment, it will be assumed that I no longer desire counseling services, and my case will be closed. _____

Client Name:	Date:
Client Signature:	
Counselor Name:	Date:
Counselor Signature:	
<u>IF APPLICABLE</u>	
Legal Guardian Name:	Date:
Legal Guardian Signature:	