# Informed Consent Policy for

**Company Name – Practitioner Name**

Office Address Located: **Your Office Address**

Mailing Address: **Your Mailing Address**

 Website and Email Address: **Your Website and Email Address**

Appointed Privacy Office: **Name, Title**

A copy of the complete Privacy Policy is available by request.

**Name** is committed to protecting the privacy of clients, based on an ongoing commitment to quality service delivery. As the sole practitioner, I am bound by the ***Personal Information Protection and Electronic Documents Act (PIPEDA*),** federal legislation which came into effect January 2004. **THIS IS CANADIAN LEGISLATION**

As a client of **Name** you have the right to:

* + - access to your personal information and be told how it will be used;
		- access your records;
		- be given the opportunity to correct inaccurate information;
		- ensure that **Name** will only use your information for the purposes it is collected;
		- find out what information **Name** holds about you and how that information is managed.

In addition:

1. By signing the Memo of Understanding, you consent to **Name** collecting, storing and using personal information;
2. This personal information is collected by phone, e-mail and face-to-face conversations, intake sessions and counselling sessions;
3. This personal information is stored in printed form in case files;
4. Access to your personal information is obtained only by **Name** or in case of her death or incapacitation a trusted colleague whom she has appointed;
5. Your personal information is protected in two ways: Written documentation is kept in a locked filing cabinet. Electronic and phone communication is password protected;
6. **Name** collects personal information for case notes, case consultation and internal statistical analysis;
7. You can access your file :
	1. Upon verbal or written request. However, case files remain the property of **Name**

and may not be removed from the premises.

* 1. Documentation will not be sent out or photo copied - you must attend a pre-arranged session to review the file in **Name’s** presence;
	2. You may not have access to the case files of other clients or information about another person that may be held in their file, unless written approval is given by that person for the release of that information;
	3. In order to protect the confidentiality of other clients, **Name** will review the file prior to access to ensure that the contents do not reveal information or details concerning other parties.
1. If you believe your personal information has not been protected, you may:
	1. Contact **Name** verbally or in a letter, explaining the situation and detailing what you would like to happen;
	2. When **Name** receives your letter, she will, where appropriate, take action to correct the problem.
	3. If you are not satisfied with the response, **Name** invites you to discuss your complaint further. If discussion cannot resolve the problem, you can complain to:

**Your Privacy Commissioner:**

**The Privacy Commissioner of Canada 112 Kent Street**

**Ottawa, K1A 1H3 Tel:1-800-282-1376**

**info@privcom.gc.ca**

Exceptions to Privacy

**Name** will not share client Private Information with any third party without your written permission. Such decisions are not taken lightly and will be reviewed on a case by case basis. There are four exceptional situations in which I may be required to breach confidentiality:

1. Professional ethics require that I occasionally consult with a professional colleague for assessment and therapy planning. No names or identifying information will be discussed as far as is possible; however at times it is necessary to disclose some personal information in order to obtain appropriate supervision.
2. If I believe that a child is at risk of being abused, has already been abused, or that someone who previously abused children is still a threat (for example if they still work in a day care) I must report the information to appropriate child protection authorities or police.
3. If I have reason to believe that a person's life may be in danger, I will report the situation to appropriate authorities. This applies to cases of potential suicide and homicide.
4. Courts of law have the power to demand that a counsellor release client records if clients are involved in a court case in which their relationship to their counsellor is somehow relevant. When notes are requested by a court, the counsellor has the right to request that the judge read the notes privately to determine which are relevant to the case.

**Your Personal Information and Privacy**

When you seek counselling services from **Name** at **Company Name,** we also assume (based on **State/Province** health privacy legislation) that we have your permission to collect, use, and share your personal information among health care providers who provide or assist in providing health care to you. **(This applies to Ontario and Alberta, please check the regulations for your location)**

At **Company Name**, this includes members of our counselling team who may provide direct service to you or who may be consulted as necessary in the provision of care. It also includes the front-line staff of **Company Name (or name of clinic you are working in)** who may take messages and process payments.

We may also give your personal information to your other health care providers outside of **Company Name** so they can provide you with ongoing health care and follow-up. This may include individuals in community settings (e.g., your physician, your psychiatrist, a community clinic or hospital).

You need to let us know if you would like to limit how we give out some or all of your personal information to people who provide you with health care. If you choose to limit what we share, note that we are required to tell your health care providers when we think the information is inaccurate, incomplete, or when we think the missing information could affect your health care.

My signature below indicates that I have reviewed the above, and have had an opportunity to ask questions. I understand I may change or revoke this permission at any time by updating this form.

 I consent to **Name** sharing personal information among my health care providers who provide or assist in providing my health care.

 I do not consent to **Name** sharing personal information among my health care providers.

 I wish to place the following specific limitations on Name sharing personal information among my health care providers:

Please see attached

Print Name Signature Date