

Client Consent Form for CBT-p Coaching

Please review the following information, if you have any questions or concerns about our consent process, please indicate so and one of our facilitators will be in touch to review in more detail.

Confidentiality

I understand that all information shared is confidential and no information will be released outside of the Institute for the Advancements of Mental Health (IAM) without my written authorization. Information will not be released to other third parties or used for any other purpose than those outlined in this consent form. Verbal consent for limited release of information may be necessary in special circumstances which will be discussed and attained prior to any action taken with my personal information.

I understand that information my facilitator collects includes, but is not limited to names, contact information, brief health history, issues surrounding mental health care in the family, other services being used, number of visits to IAM and any other information related to the reason for my participation in the CBT-p Coaching program. The above information is considered confidential and is stored in our secure data-base and will not be revealed in group sessions.

I understand that information shared within this group setting is to stay within the group. I may hear sensitive and or confidential information from other participants and understand that I'm expected to keep this information private and not share it with anyone outside of the SFT group setting.

I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is a risk of imminent danger to myself or to another person, my facilitator is ethically and legally bound to take the necessary steps to prevent such danger. This may include contacting relevant authorities even if I do not wish my facilitator to do so.
- B. When there is a reasonable suspicion that a child or elder or any vulnerable person is being physically, emotional, psychological and/or sexually abused or neglected or is at risk of such abuse, my facilitator is legally required to take steps to protect the person, and to inform the proper authorities.
- C. When there is reasonable suspicion that a registered healthcare provider has physically, emotional, psychological and/or sexually abused a client, my facilitator is legally and ethically required to report the registered health care provider to their designated college of registry.
- D. IAM is committed to protecting the privacy of personal information of clients and has instituted practices that are in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) as well as the Personal Health Information Protection Act (PHIPA).

Please note that statistical data on clients is used for funding, compiling of statistics and program evaluation purposes. Your name and any other identifiable information will not be included in this data collection.

Service agreement

I understand that I will receive evidence-based educational and informational services in the form of group sessions. I understand that I am free to discontinue these services at any time without penalty or prejudice. I am encouraged to discuss either a change in approach or a referral to another professional with my facilitator to ensure that I receive the best care possible.

I understand that this consent will remain effect for the duration of the CBT-p Coaching group and or until such a time as I withdraw it via written consent or discontinue services with my facilitator by informing them of my intent to do so.

Contact Policy If you need to contact your facilitator between sessions, please leave a voicemail or email. Your messages will be returned as soon as possible and by the end of the next business day. Messages received on the weekend will be returned on the next business day.

Rights and Responsibilities

I have a right to be treated with respect, dignity, and without discrimination regardless of my age, gender, mental and physical status, sexual orientation, race, belief system or ethnic background. I can expect from my facilitator to make their best effort to provide services as competently as possible. I have a right to ask questions at any time, be informed by my facilitator as to their qualifications, areas of specializations and limitations, and the code of ethics which they follow. I have a right to be advised as to the limits of therapeutic service, discuss my treatment with others (including getting a second opinion), and have been informed of grievance procedures so that I may file a formal complaint when I am not able to resolve my concerns. I understand that I may stop receiving service at any time. I understand that I have a right to view my file notes in a timely manner from the date of my request what is being documented about me.