

Health-Connect Counselling Partners (HCCP) is a coalition of the following counselling agencies: Lutherwood Family Counselling Services, K-W Counselling Services, Shalom Counselling Services, Interfaith Community Counselling Centre (New Hamburg), Woolwich Counselling Centre, and Family Counselling Centre of Cambridge & North Dumfries. The coalition was formed to provide primary mental health care for Waterloo Region FHO's. The Partner Agencies of HCCP provide general therapy services for individuals, couples and families in Cambridge, North Dumfries, Kitchener, Waterloo, New Hamburg, Elmira and the surrounding communities. The counsellor and client work together to find helpful options for the issues brought to counselling.

Service Exclusions: HCCP does not provide specialty services associated with assessments required for court proceedings in cases such as: child custody and access; parental competence; child abuse; pre-trial disposition reports; probation assessments, etc. If you require this type of assessment service, we may be able to refer you to the appropriate resource in the community. **If a client presents for an appointment and is under the influence of alcohol or drugs, the client will be asked to leave and it will be the responsibility of the client to contact the counsellor to arrange another appointment.**

Assessment Meeting: At your first meeting, you will discuss your concerns with your counsellor. Together you will determine the kind of help the counsellor can offer, initial goals, and whether or not HCCP is the best source of help for your situation. If necessary, we will refer you to appropriate alternative services.

Length and Frequency of Sessions: Counselling Sessions typically run for 50 minutes. The frequency of sessions will be determined in conversation with your counsellor. Sessions may be weekly, bi-weekly or even monthly.

Cancellation Policy: We understand that there may be times you will need to cancel an appointment. Please give us 24 hours notice of cancellation, or in an emergency situation, as much notice as possible.

Professional Ethics: The counsellors at HCCP are bound by the Code of Ethics of the Canadian Association for Pastoral Practice & Education, the American Association for Marriage & Family Therapy, the Ontario College of Social Workers and Social Service Workers and / or the Ontario College of Nurses. You may ask to see the codes at any time. You have the right to ask any questions you wish about your therapy. You are free to leave therapy whenever it makes sense for you to do so.

Confidentiality: Everything that is said in the context of the conversations between counsellor and client is kept confidential. Since we work as a team, what is said may be shared with clinical supervisors, with other counsellor interns, and occasionally with therapists who are consultants with HCCP. A confidential clinical file will be maintained by your counsellor. Your counsellor will provide general data and statistics to the HCCP administrative office. **All supervisors, interns, staff and consultants are ethically bound to maintain confidentiality.**

There are, however exceptions to the rule of confidentiality of which you should be aware:

1. When the client gives written permission to have information from the counselling sessions communicated to another person. For this to happen, a release of information must be signed by the client.
2. When the client is clearly at risk to hurt self or others, as when there is a danger of suicide or assault.
3. When the client discloses that a child has been sexually or physically abused, or neglected, or that a child might be at serious risk of abuse as determined by the therapist. This includes 1) when domestic violence is reported and there is a child (children) in the home; and 2) the situation where

a client discloses that he/she was abused in childhood and there is a possibility that the abuser may be a danger to other children now.

4. When the counsellor is mandated by a court order to disclose information, as can happen if there are legal proceedings and the file can be subpoenaed and the counsellor can be ordered to testify in court.

Parental Consent: In situations where parents have joint custody of a minor child, or where there is no custodial agreement, both parents must give written consent before the child can be seen by the counsellor.

Children's Consent: Children may give consent to their own involvement in counselling, however this is rarely done before the child has reached the age of 12 years, and then only in cases where it is very clear to the counsellor that the child understands the nature of the counselling process and the risks involved. If counselling proceeds, the counsellor is required to encourage the child to inform the parents or guardians that he/she is involved in counselling.

Client Concerns or Complaints: If you have a concern or dissatisfaction regarding your counselling that you wish to communicate while it is ongoing, we encourage you to discuss your concerns with your counsellor first if at all possible. If this does not seem feasible for any reason, you may wish to speak privately with your counsellor's supervisor. Concerns or complaints may be made in person, by phone or by letter. For more information regarding our formal Grievance Process, please speak with the Executive Director.

I understand that there are both benefits and challenges involved in participating in this counselling program and that in the process of making changes and improvements in our lives; we may also experience struggles and setbacks. Because the change process involves input and commitment from all participants, progress may be limited if participants are not committed to and actively participating in the counselling program.

In signing this document, I acknowledge that this agreement has been fully explained to me and meets with my approval. I will be able to ask questions and seek additional clarification on any of this information at any time by contacting a staff member. This agreement may be reviewed or rescinded / ended / revoked at any time at the written request of any signing party except on actions already undertaken on authority of this agreement.

_____	_____	_____
Client Name	Client Signature	Date (DD/MM/YYYY)
_____	_____	_____
Parent/Guardian Name <i>(If Applicable)</i>	Parent/Guardian Signature <i>(If Applicable)</i>	Date (DD/MM/YYYY)
_____	_____	_____
Parent/Guardian Name <i>(If Applicable)</i>	Parent/Guardian Signature <i>(If Applicable)</i>	Date (DD/MM/YYYY)

The Expected length of this agreement is from: _____ to _____
(DD/MM/YYYY) (DD/MM/YYYY)

Client(s) were offered a copy of the HCCP Terms of Service

Client(s) accepted a copy of the HCCP Terms of Service

Counsellor: _____