

OPEN DOORS FOR LANARK CHILDREN AND YOUTH

CONSENT FOR SERVICE



CLIENT NAME: _____

DATE OF BIRTH: _____

AGENCY CLIENT ID: _____

INFORMATION FOR INFORMED CONSENT

I will/have received information about the services available at Open Doors for Lanark Children and Youth and I understand that:

1. Assessment and treatment will be mutually agreed upon between this agency and myself and will be discussed on an ongoing basis.
2. An opportunity will be provided to discuss the likely benefits, possible risks, and any concerns that I might have about treatment(s).
3. Participation in service(s) is voluntary, and that I may choose to discontinue participation at any time.
4. I have the right to review my client file according to the agency's policies and procedures. The assigned clinician can provide information about this process. Records are electronic and maintained by the agency according to provincial legislation.
5. If I have shared custody or an access arrangement with another caregiver for the referred child, I will disclose the terms of this arrangement to *Open Doors for Lanark Children and Youth (Open Doors)*. I and/or Open Doors will also inform the other caregiver, if applicable, that treatment is being sought. **PLEASE REFER TO "Custody and Access Parent Information Sheet"**.
6. Services received from *Open Doors* are confidential. Information will not be released without prior written consent, except in the following instances:
 - If you or your child is in danger of harming yourself or someone else, we are obligated to take actions necessary to protect you or others from harm.
 - Professionals who work with children must promptly report any suspicions that a child is or may be in need of protection to Family and Children's Services of Lanark, Leeds and Grenville (FCSLLG).
 - If you are involved in legal proceedings of any kind (Custody, Child Welfare, Separation/Divorce, Criminal etc.), the court can subpoena your file.
7. My clinician may discuss my file with other *Open Doors* staff as part of the clinical supervision/consultation process.
8. *Open Doors* provides placements for interns/students in the human services field. I can give consent to having an intern/student placement participate in my services **OR** I can refuse consent and still receive services.
9. Representatives of the Canadian Centre for Accreditation may review non-identifying client file information as part of this agency's accreditation process in order to maintain the highest standards of quality service.
10. Non-identifying information about the services provided by Open Doors is shared with the Lead Agency for Lanark, Leeds & Grenville (Children's Mental Health of Leeds & Grenville.), the Ministry of Health and The Ministry of Children, Community and Social Services for better service planning across our region as well as for provincial service planning purposes.
11. If I am dissatisfied with the service my child or I receive from *Open Doors*, I am encouraged to discuss this openly with the clinician working with me and/or my family. I can also seek a solution for my complaints by calling the Executive Director, a Team Leader or by completing a Complaint Form.

ARE YOU SEEKING CONFIDENTIAL SERVICES ?

YES NO

YES* means that parent/guardian **will not be contacted regarding client's information unless specific instruction is given by client*

I consent to participate in the following services at Open Doors for Lanark Children and Youth:

BRIEF SERVICES
Includes: Brief Counselling, Brief In-Home, School Counselling, Talk-In, Talk-In Family-Caregiver and Brief Follow-Up Services

CRISIS SUPPORT SERVICES
Includes: Quick Response and Follow-Up

SPECIALIZED CONSULATION/ASSESSMENT SERVICES
Includes: Tele-Mental Health (Psychiatric) Services, Psychological and Sexual Assessments and Follow-Up Services

TARGETED PREVENTION
Includes: Peer to Peer and Youth Engagement Groups, Agency-Led Groups or Training

EXTENDED COUNSELLING/THERAPY SERVICES
Includes: Counselling, Follow-Up and Agency-Led Group Services

FAMILY/CARGIVER SKILLS BUILDING AND SUPPORT SERVICES
Includes: Family/Caregiver Support, Follow-Up, Agency-Led Workshops/Training Services

INTENSIVE THERAPY SERVICES
Includes: Intensive In-Home, Intensive Case-Management, Follow-Up, Agency-Led Group Services and Building Bridges Program

PARENTS FIRST

CONSENT IS VALID FROM: _____ **TO** _____

My signature below indicates that the above information has been explained to my satisfaction and is clearly understood by me

FULL NAME OF CLIENT: _____

SIGNATURE OF CLIENT: _____ DATE: _____

CONTACT NUMBER: _____ PERMISSION TO: CALL TEXT LEAVE MESSAGE

EMAIL: _____ PERMISSION TO EMAIL

FULL NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CONTACT NUMBER: _____ PERMISSION TO: CALL TEXT LEAVE MESSAGE

EMAIL: _____ PERMISSION TO EMAIL

WITNESS NAME: _____

SIGNATURE: _____ DATE: _____