



# **Only One You Life Skills Educational Workshops –** *Individualized Life Skills Educational Sessions*

Consent and Service Agreement - CHILD

This form provides information about our services: Please review it carefully and feel free to ask questions.

## **About our Services**

Each individualized session has been designed with the intended purpose of teaching and enhancing life skills. A life skill is a term that refers to a person's ability that is commonly associated with managing and living a better quality of life. Life skills help us to accomplish our ambitions and live to our full potential.

There is no definitive list of life skills and certain skills may be more or less relevant to your child depending on their life's circumstances, culture, beliefs, age, etc. At Ooy, we believe that, perhaps the most important life skill is the ability to learn. By learning new skills we increase our understanding of the world around us and equip ourselves with the tools we need to live a more productive and fulfilling life. Life skills are not always taught directly but often learned indirectly through experience and practice.

Treatment plans typically consist of 12 sessions but may vary according to the needs of each child. At the end of each series, it is hoped that each child will be better equipped to recognize and understand their worth through the importance of personal choice, self respect and respecting others.

## **Risks and Benefits**

The potential benefits of our program are many and may include the following for your child: a better understanding of themselves, improved personal functioning, self image, self esteem, mood, meeting personal goals and a better ability to cope with life's challenges. However, in some cases discussion during sessions may elicit difficult or upsetting emotions. Your child will be free to not answer any question asked if they do not want to. Your child will also be encouraged to speak with their counselor about how they are feeling, particularly if they are feeling worse after their session. The process of change is personal and varied and there is no guarantee of success. Healing and growth is difficult and some discomfort will likely be a part of your child's counseling process.

## **Confidentiality/Personal Health Information**

Contents of all private sessions are considered to be confidential. Both verbal information and written records about a client cannot to be shared with another party without the written consent of the client or the client's legal guardian however, please note the following expectations:

- 1) If there is an immediate, serious risk to yourself
- 2) If there is an immediate, serious risk to someone else
- 3) If there is disclosure that a child or vulnerable person is being abused or is at risk of harm

**This may include a situation in which you (the parent/guardian) disclose past abuse as a child and that offender currently has potential access to children.**

- 4) If there is disclosure that a health professional has or is currently being physically, emotionally, financially and/or sexually abusive
- 5) If disclosure or session information is ordered by subpoena or court order
- 6) When written consent is obtained for the purpose of sharing personal health information

In order for the counseling to be effective, your child will need to talk openly and confidentially with their counselor and this relationship is considered exclusive. While your counselor can keep you informed of the overall process, your counselor will not disclose specific information discussed in sessions unless given permission by your child with the exception of the following circumstances listed above on this page. The counselor will discuss these rights with your child. Your child will also understand that they have the right to discuss any and every aspect of the session with you if they wish to do so.

## **Electronic Communication**

Electronic communications, both telephone and internet (includes email), are not secure methods of communication and there is some risk that one's confidentiality could be compromised with their use. Occasionally, your counselor may communicate with you using these mediums. If you would prefer not be contacted by these methods, please speak with your counselor and your preference of contact will be honored and respected.

## **Your Rights**

**Please note the following:**

- 1) You and your child have the right to withdraw this consent at any time. Please provide this in writing whenever possible.
- 2) You and your child have the right to refuse particular counseling interventions.

- 3) You have the right to have access to your child's clinical records or request to obtain copies of their file, subject to legal requirements. Please note that if a request is made, the file is first scanned for information pertaining to legal requirements, therefore records may not be released immediately upon request but within two weeks of the request. Your right to access your child's information continues after the end of the counseling relationship.
- 4) You have the right to terminate counseling at any time by so advising your counselor.

### **Appointments and Cancellation Policy**

I agree to pay \_\_\_\_\_ per session by cash or cheque. Sessions beyond the normal hour will be billed accordingly. A full session fee of \$50.00 is charged for missed appointments or cancellations with less than 24 hour notice, unless it is due to illness or an emergency. If you fail to cancel a scheduled appointment, we cannot use the time for another client and you will be billed for the entire cost of your missed appointment. A bill will be mailed directly to all clients who do not show up for, or cancel an appointment.

### **Your Responsibilities**

Personal commitment is crucial for success. Regular attendance and a working partnership will greatly help your child towards fulfilling their wellness goals. Your child will learn, grow and make changes one small step at a time. Strategies that may help to further your child's progress toward wellness include: practicing what is learned; daily review of session handouts; attending all sessions and doing homework.

Your child will also learn information about their feelings, and goals and be provided with feedback on coping strategies they are learning and practicing. Help your child prepare by ensuring that they bring their folder to all sessions.

### **Emergencies**

In the event that your child is in a Crisis or in an emergency situation, please telephone the 24-hour crisis line at 905-430-2522, call 911 for assistance or go to the nearest Emergency Department at your local hospital.

### **Service Fees**

Payment is due at the time of your scheduled session. A one hour initial consultation is provided free of charge. All new clients pay a onetime initial fee of \$100 made by cash or cheque which covers administration costs and the formulation of your treatment plan. Additional sessions are provided at a cost of \$50.00 per session.

### **Comments or Questions**

If you have a complaint or question, please feel welcome to talk to directly with your counselor first. If you would like to talk to someone else, you can contact the College of Occupational Therapists of Ontario at (416) 214-1177 or 1(800) 890-6570.

**My signature expresses that I have read and understood the terms discussed above, that I have had the opportunity to discuss these with my counselor and have had my questions answered to my satisfaction.**

---

<b>Name of Client</b>	<b>Name of Parent/Guardian</b>	<b>Date Signed</b>
-----------------------	--------------------------------	--------------------

---

<b>Signature of Client</b>	<b>Signature of Parent/Guardian</b>	<b>Date Signed</b>
----------------------------	-------------------------------------	--------------------

---

<b>Name of Counselor</b>	<b>Signature of Counselor</b>	<b>Date Signed</b>
--------------------------	-------------------------------	--------------------