FCSS
Family & Community Support Services
www.fcss.ca

Additional Consent

(Complete when applicable)

Couples/ Family

- All family members who participate in couple/ family counselling are considered the "Client Unit".
- It is necessary for the entire Client Unit to give consent to participate in couples or family counselling with the counsellor.
- Members of the Client Unit will not be able to access the files of other members of the client unit unless they have written permission from their partner/family member, or they have a court order to do so**.**
- If it has been determined that it is not clinically appropriate for the counsellor to enter into a dual relationship (the counsellor would be seeing a member for individual counselling as well), the Client Unit will be referred to another counsellor within BEW FCSS or to an outside agency/counsellor.
- When behaviors or interactions are verbally or physically aggressive or overtly disruptive to the couples or family counselling process the session will be terminated.
- When such behaviors and interactions continue to occur, the counsellor reserves the right to terminate the service and make referrals to alternate services.
- The counsellor will not "keep secrets" during the counselling process. This means that if a member of the Client Unit shares something with the counsellor, which is unknown by other member(s) of the Client Unit, the counsellor will support that member as they engage in having a difficult discussion with the Client Unit during session.
- There is no guarantee in couples or family counselling that relationships will change.

Counselling Of A Minor

- In order for a counsellor to work with youth they need permission from the youth and from **both** parents or legal guardians. Under no circumstances will the youth be expected to engage in counselling against their will.
- Parents or legal guardians have the right to review their child's file and to discuss with the counsellor any concerns that they might have. Reviewing a child's file without the youth's knowledge or participation may compromise the sense of safety and privacy that the youth has established with their counsellor, and this may impede the youth's progress in counselling
- If one parent revokes consent for the child to receive counselling the child is no longer eligible for counselling services unless consent is re-instated.

Group Counselling

- If you wish to engage in individual counselling with your group counsellor, this may be possible once the group has ended.
- During group counselling, you can share as much or as little as you would like and you may leave the group at any time.

Some Facts About Group Counselling

- Group facilitators are trained. Sometimes there are substitute facilitators.
- Groups aim to start and end on time.
- Some groups are very structured, and other groups are more flexible in topics and discussion. Likewise, some groups invite a lot of discussion and use activities, and other groups are more focused on ensuring you learn important information.
- Facilitators use post evaluation forms to gain feedback on what went well and what needs to be improved.

Please place a checkmark beside each statement as an indication that you have read it.

☐ **I have read the Informed Consent for Additional Services document, had sufficient time to consider it carefully, asked any questions that I needed to, and understand it.**

☐ **I agree to engage in service provision under the conditions outlined in this document**

☐ I agree and consent/assent to participate in counselling for:
☐ Child/Youth ☐ Couples ☐ Family Counselling ☐ Group

If Family Counselling will be provided, all involved individuals (age 10yrs and over) are clients as part of the "Client Unit" and are required to sign this document.

Client Name (PRINT):	
Client signature:	Date (dd/mm/yyyy):
Client Name (PRINT):	
Client signature:	Date (dd/mm/yyyy):
Client Name (PRINT):	
Client signature:	Date (dd/mm/yyyy):
Parent/Guardian Name (when applicable) (PRINT):	
Parent/Guardian signature:	Date (dd/mm/yyyy):
Parent/Guardian Name (when applicable) (PRINT):	
Parent/Guardian signature:	Date (dd/mm/yyyy):
For your Counsellor: ☐ I, as the Counsellor, have discussed the issues within this consent with my client ☐ My observations of this person's behaviour and responses indicate that this person understands the rules and provisions as set out above and is competent to give informed and willing consent at this time. ☐ Level of consent obtained: ☐ Full ☐ Limited ☐ Assent	
Name of FCSS Counsellor (PRINT):	
Signature of FCSS Counsellor:	Date(dd/mm/yyyy):