Clear Form

Children's Grief Centre

SERVICE PLAN AGREEMENT

I have read the Welcome to the Children's Grief Centre and the *Safety Matters* brochure. Yes ☐ No ☐

GOALS

What do you hope to achieve from the counselling/group support provided for you (and your family)?

How would you know that we are working towards the hopes that you have outlined above?

CONFIDENTIALITY

The Children's Grief Centre (a part of the Hospice Calgary organization) is dedicated to a high quality of care. To provide the best care possible, counsellors access supervision and consultation within our Children's Grief Centre team. Please know that individuals and families' privacy is protected. Counsellor are mental health professionals and they are bound by codes of ethics and follow the Health Information Act (HIA) and the Freedom of Information and Protection of Privacy Act (FOIPP). If communication with a third party is considered beneficial, your permission will be requested and you will be asked to complete a Consent to Release/Receive Information form.

I/We understand the risks and limitations of using electronic communication (e.g., email, text messaging). Confidentiality cannot be guaranteed when using email communication. Note that email messages become part of your counselling records and may be shared should your records be subpoenaed in court.

Limits of Confidentiality: Your counsellor is required to report imminent risk of suicide, physical harm to others, and/or child or dependent adult abuse or neglect. If your file is subpoenaed in court, we are required to release information.

If you or your family participates in one of Hospice Calgary's support groups we ask that you respect the confidentiality of other group participants.

RISKS & BENEFITS

I/We understand that there may be some increase in intensity of feelings as we discuss and work through our grief. I/We understand that the intention and benefit of counselling is to enhance my/our well-being.

CANCELLATIONS

I/We will contact our counsellor to cancel our appointment via phone or email communication 48 hours prior to my/our scheduled appointment. I/we understand that by giving notice of my/our inability to attend my/our appointment, we allow our counsellor to open this appointment for others.

FEE AGREEMENT

I/We understand that my/our counselling fee will be per session. Payments will be made at each session. Alternatively, if my/our child(ren) or teen(s) are seen at school or I/we have online appointments, I will be sent an invoice from the Children's Grief Centre to be paid within 2 weeks. If my/our financial situation changes, my/our fee can be reviewed with my/our counsellor.
If I/We register for a group, the fee will be determined at the time of registration.

INFORMED CONSENT

I/We (print) understand and consent to the above agreement.

I/We, the parent(s)/legal guardian(s), give permission for my child(ren) to participate in individual counselling/group at the Children's Grief Centre. If guardianship/custody agreements are in effect, I/We are required to provide the Children's Grief Centre with copies of these documents.

Child's name:	Date of birth:	ABHealth#:
Child's name:	Date of birth:	ABHealth#:
Child's name:	Date of birth:	ABHealth#:
Adult's name:	Date of birth:	ABHealth#:
Adult's name:	Date of birth:	ABHealth#:

Client/Parent/Custodian Signature Name Date

Client/Parent/Custodian Signature Name Date

EMERGENCY CONTACT

Name Relationship to you Phone number Email