

## **SERVICE PLAN AGREEMENT**

I have read the Welcome document 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**

Hospice Calgary is dedicated to a high quality of care. In order to share expertise, consultation is sometimes necessary within the counselling team. If your (your family's) story is discussed within the team, your privacy will be protected. Your counsellor is a professional who is bound by codes of ethics and follows 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 sign the Consent to Release/Receive Information.

I/We understand the risks and limitations of using electronic communication (e.g., email, text messaging). Confidentiality cannot be guaranteed when using email and text communication. 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. Where possible I/we will advise of my/our need to reschedule my/our appointment at least 48 hours prior to it. 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, I will be sent an invoice 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 (name) \_\_\_\_\_ understand and consent to the above agreement.

\_\_\_\_\_  
Client/Custodian Signature

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Custodian Signature

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date

## **EMERGENCY CONTACT**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
email

## **WITNESS**

\_\_\_\_\_  
Counsellor Name

\_\_\_\_\_  
Counsellor Signature

\_\_\_\_\_  
Date