

Family Member Counselling Authorization and Consent

I, _____, authorize _____
(name of client) (name of Psychologist/Social Worker)

to provide me with psychological treatment services. I understand and agree that:

1. I may at any time decline or discontinue treatment with the psychologist/social worker. If this occurs, I will advise the provider I no longer wish to attend counselling.
2. The use of any recording devices without the signed consent of both myself and the psychologist/social worker is prohibited. Any violation may result in the termination of the services.
3. The psychologist/social worker will send brief, limited reporting as needed to the WCB that summarizes treatment goals and progress when I attend therapy jointly with the injured worker as a couple or family unit. I can request a copy of my report from the provider, who will determine appropriate release.
4. Copies of treatment extension requests will be placed on in a Psychology File within the Health Information Unit at Millard Health Centre and will not be placed on the injured worker's claim file.
5. I understand that the information related to my treatment may be used for research regarding program effectiveness. I understand that the intent of the use of this information is to improve psychological services provided by the WCB.

The information collected by this psychologist/social worker is confidential and protected under the FOIP, the HIA, and the WCB Acts. This collection of personal information is in compliance with section 33(c) of the Freedom of Information and Protection of Privacy Act, Section 20(a) of the Health Information Act, and is collected under the authority of the Workers' Compensation Act.

By signing this document below, I declare that I have read it, understand, and agree to the provision of psychological services on the above basis.

Dated at _____, Alberta, this day of _____, 20 ____
(city/town)

Witness signature

Client signature

- OR -

If client is unable to sign or is a minor, signature of parent, guardian or legally authorized representative is acceptable. Please include your relationship to client.

Witness name - PRINTED

Client name - PRINTED

FOR USE WHEN INTERPRETER INVOLVED:

I have interpreted the contents of this document to the above client, and I am satisfied that the client understands the content, purpose, and nature of this document and has accordingly agreed to it.

Witness signature

Interpreter signature

Witness name - PRINTED

Interpreter name - PRINTED