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Social Work Informed Consent

As a registered Social Worker, I am committed to protecting the privacy of your personal information and have developed policies and procedures in compliance with the Personal Information Protection and Electronic Document Act, 2004 (PIPEDA) and the Personal Health Information Protection Act, 2004 (PHIPA). The following information is to provide you with an idea of what to expect from my counseling services and to inform you about the personal information that will be collected, how it is used, and how I protect its confidentiality and your rights regarding this information.

Confidentiality

I respect the privacy of my clients and hold in strict confidence all information regarding my clients and comply with all applicable privacy legislation. No information will be released to a third party without your **written** permission. At any time, you have the right to withhold or withdraw consent, or place conditions on the disclosure of your information. The nature of personal information collected may include Information required to maintain a working file according to the standards of our profession and the Ontario College of Social Workers and Social Service Workers such as your name, address, phone numbers, date of birth, other contact information, names of others who are significant to your situation (family, your doctor, and other professionals) and sometimes their contact information. I also collect information about our work and the social workers actions in this regard, any correspondence sent or received, any consents or other documents you have signed, copies of papers you have given me and other documentation particular to the nature of our involvement. Information necessary for billing purposes which may include information about your Assistance Program and their standards, information about other third-party payers, copies of all receipts given to you including copies of electronic payments, copies of invoices and billing records and information related to the scheduling of appointments with you. I collect this information for the following reasons:

1. To maintain a clinical file or working file that meets the standards of our profession and the Ontario College of Social Workers and Social Service Workers.
2. To provide this service for you in a manner that ensures your safety.
3. To maintain a high standard of professionalism in the provision of service
4. To assist in the process of billing for my services
5. To meet other legal and regulatory requirements.
6. To maintain records pertaining to the operations of a business and to make these records available if requested.

There will be times when I ask you if I may speak with others about you and your situation. There will be times when you will ask me to do this as well. On these occasions, I will always discuss this information-sharing with you, and I will look at the benefits and consequences of speaking to others about your situation. I would then ask for your informed, **written** consent for me to share your information.

There may be occasions when we must share information about you or your situation **without your written consent**. These situations are very exceptional but may include the following:

1. If we have information about abuse or risk of abuse to a child, then I must report this to the proper authority.
2. If we have a concern about any risk that you may do harm to yourself or harm to another person, then I must take action to ensure your safety or the safety of others.
3. If I am required by law to release information such as receiving a subpoena to court.
4. When disclosure is needed to receive professional or legal consultation.
5. If I must defend myself against a complaint filed with the Ontario College of Social Workers and Social Service Workers or any other court action.

While these events are rare, I would like to help you become aware that these possibilities do exist. My primary goal is to foster a safe space where you feel comfortable and able to explore and disclose personal concerns. If there are other limits of confidentiality in your situation, I will identify and discuss them with you before proceeding with your service. When I work individually with children and adolescents, I will attempt to keep parents informed of their child's/adolescent's progress and attempt to keep parents involved in the therapeutic process. However, in the case of older adolescents, they are afforded the right to privacy.

There are times where we may also share pertinent anonymous information about certain clients within the confidential context of clinical supervision, for the purpose of providing the highest quality care in the benefit of the clients. However, all identifying information such as your name will remain confidential. There will be times when you will ask me to do this as well. On these occasions, I will always discuss this

information-sharing with you, and I will look at the benefits and consequences of speaking to others about your situation. I would then ask for your informed, **written consent** for me to share your information.

I make every attempt to safeguard personal information. I would like you to know the following: Your file contains all the personal information about you and your situation apart from copies of billing information such as receipts and electronic payments. Files are stored in a locked cabinet in a secure locked area. I do not store information about you in my computer. If on occasion, I prepare a document about you on the computer it will be stored on removable memory card and thus removed from the computer. Your file is maintained according to regulations set by our profession and the Ontario College of Social Workers and Social Service Workers and in accordance with other legal requirements. When information about you is no longer required, it is cross-cut shredded and disposed of by me. In the event of incapacity or death, a designated social worker (the person with whom I conduct clinical supervision) would have some access to your information to assist you in a transfer to another therapist or to maintain the file according to legal and regulatory standards. This social worker would also be a member of the College of Social Workers and Social Service Workers and would be obligated to provide all services to the same standard that I would. I will ensure the security and preservation of your record for a period of 7 years after the last date of service provided. You have the right to request to see any personal information that I have collected about you or your situation or that of your custodial children under the age of 12. You have the right to review your clinical file. I will assist you to understand all of what has been written in your file. If you believe that some information about you is incorrect, you may request that the information be changed. We will then correct this information with any third parties who may have been given the wrong information. If you wish to view your file or if you have any concerns about the privacy of your information, please advise me.

Email and cell phone Confidentiality

Every time you send an email or text message, your messages and your privacy are at risk of being viewed, intercepted, or modified by 3rd parties. It is best to only use these methods to set up or cancel appointments and not to discuss private matters. You may text or email me at any time of the day however please understand that I cannot always answer immediately but will do so within 24 hours. If you are experiencing a crisis and are unable to get in touch with me, please contact the emergency department of the hospital nearest to you.

Risks and Benefits

There are risks and benefits to the counselling process. Counseling may involve the risk of remembering unpleasant events and may arouse strong and/or unanticipated feelings. Benefits of counselling may be personal growth, where goals are achieved and new influential coping strategies are developed as tools to draw on in various areas of your life, such as interpersonal relationships, family, friends, and career. You may also gain a deeper self-awareness and understanding of yourself, your goals, and your values. Given the nature of counseling, it is difficult to predict or guarantee any particular outcomes. However, I will do my best to help you experience its benefits beginning with where you are at and what areas of your life or concerns that you wish to focus on. I encourage open dialogue to discuss any questions or concerns with me at any point in therapy.

Informed Consent

Informed consent for counseling services is essential and out of respect for your right to self-determination. Consent must be given voluntarily and knowingly. You have the right to change your mind and withdrawal informed consent **at any time**.

Statement of Informed Consent

I have read and fully understand the information contained in this document. All questions I have regarding the contents of this document have been answered to my satisfaction and I would like to proceed with individual counselling.

Client Name: _____

Parent's or Guardian's Name: _____

Signature of Patient or Parent: _____

Date: _____

Social Worker Signature: _____