Informed Consent and Confidentiality Statement

The purpose of this document is to outline your and the counsellor’s rights and responsibilities in the counselling relationship. It also provides you with information about your counsellor and the process of accessing support through the Student Mental Health Services.

Purpose of Mental Health Counselling
The purpose of counselling is to empower students to increase self-awareness, emotional acceptance and optimal personal growth. We support students to find their strengths and develop their skills to manage life stressors, reduce stress, and make well-informed decisions to promote a satisfying academic and personal life.

Common Issues Addressed in Mental Health Counselling
- experiences of culture shock
- interpersonal conflict with family and other relationships
- feelings of hopelessness, helplessness or sadness
- negative thoughts about self
- questions about sexuality
- sleep problems
- experiences of stress or test anxiety
- thoughts of suicide or self-harm

Benefits and Risks of Mental Health Counselling
The benefits of counselling may include increased understanding of self and increased capacity to learn and use skills that promote mental health and well-being. However, participating in counselling may also evoke intense and/or unanticipated emotions. The effectiveness of counselling involves a collaborative relationship between you and the counsellor.

UOIT’s Mental Health Counsellors
The counsellors are regulated mental health professionals who have completed a Master’s Degree in Counselling Psychology, Occupational Therapy, Social Work or other related educational training.

Availability
Counselling sessions are by appointment and are up to 50 minutes in length. Drop-in times are available for 30 minutes as well. The number and frequency of your sessions will depend on your needs and counselling goals, as well as your counsellor’s availability.

Cancellation Policy
Please make every effort to inform us as soon as possible if you need to cancel an appointment. We normally have a wait list, therefore, the space can be given to another student.

Professional Commitment
You have a right to expect that your counsellor will follow the ethical guidelines outlined by their regulatory governing body.
Collection of Personal Information and Confidentiality

Student Last Name: ____________________________  Student First Name: ____________________________  Student Number: ____________________________

Student Mental Health Services is bound by both Ontario’s Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. (FIPPA) and Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A (PHIPA), as well as professional standards and ethics, to safeguard the privacy and confidentiality of your personal information. Student Mental Health Services will hold information about you in the strictest confidence and will only release information with your permission and written consent.

Student Mental Health Services only collects personal information that may be necessary for your care, to schedule appointments and to keep accurate records. This information will only be used to provide services or assistance to you. Personal information collected may include, but is not limited to:

- Scheduling and appointment history;
- Intake form;
- Session notes;
- Copies of correspondence between you and members of the Student Mental Health team;
- Case file information from previous counselling contact (returning clients);
- Referral information and records provided by other services or health providers;

Student Mental Health Services very rarely may be required to disclose information, without your consent, to authorities in or outside the University:

- If it is considered necessary for the purpose of eliminating, or reducing, a significant risk of serious harm to yourself or others;
- You reveal a case of apparent, or suspected, child abuse or neglect;
- You report sexual abuse by a health care professional regulated under the Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (e.g. physicians, psychologists, dentists, etc.);
- When required to comply with a summons, subpoena, court order or in order for the University to meet its obligations in the context of a legal proceeding;

If you have questions about your confidentiality at any time you are encouraged to discuss them with your counsellor.

By signing this document, you acknowledge that you have read and understand the terms set out above and that you agree to these terms.

__________________________  ____________________________
Student Signature  Witness Signature

__________________________  ____________________________
Date  Name of Witness (please print)

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c 8, Sch O and will be collected, protected, used, disclosed and retained in compliance with Ontario’s Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31 and Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A. This information will be used to administer counselling and psychotherapy services provided by Student Mental Health Services at UOIT. Questions regarding the collection of your personal information may be directed to UOIT’s Chief Privacy Officer, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.8668, ext. 6705, email: accessandprivacy@uoit.ca.

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