



Counselling Services and Career Services Consent Form

Welcome to Mount Saint Vincent University's Health and Wellness' Counselling Services and Career Services office. Our collaborative Health and Wellness practice includes physicians, counsellors, a registered nurse, and other Health and Wellness staff. This intake form contains important information about Counselling Services and Career Services policies and practices, as well as questions for you as a new client. **Please read it carefully and ask your counsellor for assistance if you have any questions.**

Student Information

Legal name: _____

Chosen name: _____

Pronouns: _____

Student number: _____

Date of birth (DD/MM/YYYY): _____

Cell phone number (if applicable): _____

Home phone number (if applicable): _____

MSVU email: _____

Current address: _____

Program and year of study: _____

Primary physician: _____

Emergency contact name: _____

Their relationship to you: _____

Their phone number: _____

Accommodations needed for counselling (if applicable):

Introduction

Please take time to read and understand this form. This informed consent document is intended to give you information about Mount Saint Vincent University's Counselling Services and Career Services.

Nature of Counselling

Your first appointment will provide you with an opportunity to talk confidentially with an intake worker or counsellor who will talk with you about some of the reasons you scheduled the appointment and will evaluate what ongoing services or resources would be most helpful for you. You have the right to ask about or to decline any part of your counselling. You also have the right to request another counsellor.

Emergencies

If you find yourself in an emergency situation (i.e., thoughts of harming yourself or others or thoughts of committing dangerous acts), please visit the nearest hospital emergency room or call 911.

Supervision of Interns

Counselling Services supervises master's level counselling interns. Counselling interns have the ability to provide counselling to clients and they are supervised by the Interim Manager of Counselling Services and, for Career Services, the Career and Experiential Learning Coordinator. You have the right to know the name of your counselling intern's supervisor(s) and how to contact them. Due to interns being in training, the supervisor will review the counselling intern's progress and case notes and can ask you and/or the intern about counselling sessions for supervisory and training purposes. In keeping with these practices, and with your written permission in advance, a supervisor can attend a counselling intern's session or a counselling intern can attend a supervisor's session. The supervisor and counselling intern will keep the session information confidential, unless a disclosure is permitted or required by law.

Supervisors

Kyle Cleversey, MA, RCT, CCC, Interim Manager, Counselling Services

Kyla Friel, MEd, RCT, CCC, Career and Experiential Education Coordinator, Career Services

Privacy, Confidentiality, and Your Personal Information

At Counselling Services and Career Services, we collect personal information from our clients in order to provide safe, effective care. Personal information includes your legal name, address, chosen name, date of birth, etc.

Counselling Services and Career Services are committed to protecting the privacy of your personal information and our staff understand the importance of maintaining client confidentiality. Our staff receive training in privacy and confidentiality and our records are kept on a secure electronic health records system. Each user has a unique ID and password and regular audits of user access are conducted.

Your personal information will be treated as confidential by our team and is shared within our collaborative practice team on a need-to-know basis. Disclosure of your personal information outside of our service is only done with your consent, unless the disclosure is permitted or required by law. We are required to disclose personal information outside of Counselling Services and Career Services without your consent to comply with standard legal requirements such as preventing clients from seriously physically harming themselves or others, court subpoenas, and the prevention of child abuse, elder abuse, and the abuse of vulnerable people.

Collection, Use, and Disclosure of Your Personal Information

We collect, use, and disclose your personal information as needed in order to:

- Evaluate your mental health care needs and provide care to you.
- Consult with other Health and Wellness health care providers (such as physicians or the nurse in our Health Office) from time to time, if such consultation is considered beneficial to you.
- Conduct quality improvement and risk management activities.
- Fulfil other purposes permitted or required by law, e.g. reporting abuse.

Disclosure of Personal Information to Others

We do not share your personal information with your parents, guardians, spouses, or others with whom you have a personal relationship, without your consent. Please note that in event of an emergency situation during your counselling session, we may contact (and provide information on a need-to-know-basis) to your listed emergency contact person.

Initials: _____

NSCCT Complaints Process

All counsellors except counselling interns are members of the Nova Scotia College of Counselling Therapists (NSCCT). Attached to the end of this form is an infographic with details on the NSCCT complaints process and the steps you can take if you have concerns about the service provided by your counsellor.

I confirm that I have received and reviewed the NSCCT Complaints Process Infographic attached to this consent form.

Initials: _____

Missed Appointment Policy

Please notify us as soon as possible when you have to cancel an appointment, as we can then offer that time to someone else waiting for care. Three missed counselling appointments in a row with a counsellor will require the client to contact the counsellor by phone or email to identify how you will prevent missing your appointment in the future, prior to being allowed to book another appointment.

Initials: _____

Governing Law & Jurisdiction

I hereby agree that the resolution of any and all disputes arising from myself and either Mount Saint Vincent University or the healthcare providers (as well as employees, and other independent healthcare providers providing healthcare and treatment to me) at Counselling Services and Career Services, shall be governed within the laws of the Province of Nova Scotia.

I hereby acknowledge that the Standards of Practice of the Canadian Counselling and Psychotherapy Association and the Nova Scotia College of Counselling Therapists will be followed. I acknowledge that the Nova Scotia College of Counselling Therapists shall have jurisdiction over any complaint made against a registered member of that College. I hereby agree that if I commence any legal proceedings that they will be only in the Province of Nova Scotia with exclusive jurisdiction of the Courts of Nova Scotia.

Mount Saint Vincent University is committed to the protection of your personal information. Any personal information you provide will be collected, disclosed, retained, and disposed of in accordance with the conditions stated on this form, and in compliance with Nova Scotia's Personal Health Information Act (PHIA), and regulations, as amended.

Initials: _____

Use of Technology for Distance Counselling

Please note: All students must complete this section regardless of whether you intend to initially access distance counselling sessions. This allows you to change your appointment type to a distance option at any point in the future.

1. I understand that "distance counselling" includes secure videoconferencing, emails, telephone conversations, and education using interactive audio, video, or data communications.
2. Unless I explicitly provide agreement otherwise, distance counselling exchanges are strictly confidential. Any information I choose to share with my counsellor will be held in the strictest confidence. My private information will not be released unless my counsellor is required to do so by law. In Nova Scotia, counsellors are required to notify authorities if they become convinced a client is about to physically harm someone, harm themselves, or if a client has knowledge of suspected abuse; or is abusing, or about to abuse, children, elderly people, disabled people, or anybody who is a member of a vulnerable population.
3. I understand that I have the right to withdraw or withhold consent from distance counselling at any time. I also have the right to terminate treatment at any time.
4. While distance counselling will be conducted primarily through telephone and secure and private videoconferencing, I understand that there are always some risks with distance counselling including, but not limited to, the possibility that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be

intercepted by unauthorized persons, and/or the electronic storage of my information could be accessed by unauthorized people.

5. I will work with my counsellor to identify an alternative communication method, such as the telephone, in the event that the videoconferencing tool fails.
6. I understand that I may benefit from distance counselling but that results cannot be guaranteed or assured.
7. I understand and accept that distance counselling does not provide emergency services. If I am experiencing an emergency, I understand that the protocol would be to call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the Nova Scotia Provincial Mental Health and Addictions Crisis Line at 1 888 429 8167 for free, confidential 24-hour hotline support.
8. I will be responsible for the following: (1) providing the computer and/or necessary telecommunications equipment and internet access for distance counselling sessions, (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my distance counselling sessions.
9. I agree not to record distance counselling sessions.
10. I agree to be dressed as if I were attending an in-person face-to-face session.

Initials: _____

Appointment Notifications

You have the option to receive email and/or SMS (text message) appointment notifications.

Please sign me up for email reminders 2 days before appointments.

Please sign me up for SMS (text message) reminders 2 hours before appointments.

Please sign me up for email notifications of new, cancelled & rescheduled appointments.

SMS reminders will go to the cell phone number provided on page 1. **Note:** You can change these settings anytime by signing into your account on msvu.janeapp.com or by contacting front desk staff.

Review

I have reviewed and understand the above information. I consent to Counselling Services and Career Services collecting, using, and disclosing my personal information as described above, and in accordance with my chosen preferences. I understand I can change or withdraw my consent at any time by speaking with Counselling Services' front desk staff.

Click here to accept:

OR sign here: _____

Print name: _____

Date: _____



NSCCT IS THE PUBLIC-INTEREST REGULATOR FOR ALL
COUNSELLING THERAPISTS IN NOVA SCOTIA

COMPLAINT PROCESS

NSCCT registers and licenses counselling therapists and is mandated by legislation to ensure the public has access to a robust and objective Complaint and Professional Conduct process to investigate complaints against counselling therapists and impose discipline where appropriate.

ANYONE CAN FILE A COMPLAINT

A **COMPLAINT** is an expression of concern about the conduct or actions of a Registered Counselling Therapist related to the care provided or other aspects of the professional counselling relationship. Complaints allege that the counselling therapist did not meet the standards expected by the College, other members of the profession or the public.

The Complaints Committee reviews complaints about:

- Professional Misconduct (e.g., not acting according to the *Code of Ethics or Standards of Practice*)
- Incapacity (e.g., counselling while under the influence of drugs or alcohol)
- Incompetence (e.g., failing to provide proper care)
- Conduct Unbecoming the Profession (e.g., behaving unprofessionally outside of their place of work)

There is **NO FEE** for filling a complaint with the College.

WHAT TO DO IF YOU HAVE A COMPLAINT OR CONCERN ABOUT A COUNSELLING THERAPIST

For further information on the complaints process and to access the complaint form visit

www.nscct.ca/public



registrar@nscct.ca



902-225-7531

SEXUAL MISCONDUCT REPORTING LINE

NSCCT provides a dedicated confidential reporting line to assist in reporting sexual misconduct by a Registered Counselling Therapist. Please leave a voicemail and our trained *Sexual Assault Complaint Navigator* will contact you within 48 hours. Call 902-579-8119.

How to File a Complaint



Please take time to review this Infographic with your Registered Counselling Therapist and to work with them to ensure your questions are answered.

FILING A COMPLAINT

You can submit a formal complaint by filling out the complaint form.

It is **NEVER TOO LATE** to file a complaint. Although it is always better to file a complaint close to when the events occurred there is no legal time-limit.

IF YOU ARE UNCERTAIN whether a concern you have is grounds for a complaint, please contact the **Executive Director & Registrar** for advice. Please reach out to the College if you require assistance in filling out the Complaint Form, or with any other aspect of filing a complaint.

After a complaint is filed the respondent will be notified and given 30-days to respond. The Complaints Committee may order an investigation.

POSSIBLE OUTCOMES

The Complaints Committee will meet to **REVIEW** all the evidence available concerning the complaint, including the investigator's report, and to determine an appropriate outcome, which may include any of the following:

- Dismiss the complaint
- Informally resolve the complaint
- Consider a proposed settlement agreement
- Counsel the counselling therapist
- Caution the counselling therapist
- Reprimand the counselling therapist
- Suspend the license of a counselling therapist or their ability to obtain a license
- Impose conditions or restrictions on a counselling therapist's license
- Refer the complaint to the Professional Conduct Committee if a hearing is needed

You can review the NSCCT **Code of Ethics** and **Standards of Practice** by visiting www.nscct.ca/public

ARE YOU A MEMBER OF A MARGINALIZED COMMUNITY?

Individuals who experience marginalization, socio-economic disadvantage or systemic racism can be hesitant to file a formal complaint or to participate fully in a process operating within a system they have learned to mistrust.

NSCCT is committed to reducing barriers to reporting concerns about a Registered Counselling Therapist from members of marginalized communities.

NSCCT acknowledges that members of marginalized communities are particularly at risk of being subjected to poor treatment, unethical or illegal behaviour and are especially vulnerable to abuse.

Our complaints/professional conduct policy and procedures also reflect this possibility.

Please take time to review this Infographic with your Registered Counselling Therapist and to work with them to ensure your questions are answered.