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| **Acknowledgement**: I agree that as the consenting Child/Youth or Parent/Caregiver/Guardian  I have read and understand the information presented below. |
| Print Name:       | Date:       | Signature:       |

**The Talk-In Clinic Client Information Sheet**

**Welcome to our Talk-In Clinic:** This service provides quick access to single-session counseling for families with children from birth to 18 years of age. The Talk-In Clinic is a “gateway” to other services within **Child and Youth Mental Health (CYMH).** On arrival, the Receptionist can give you an estimate of the waiting time and will ask you to complete some questionnaire(s) prior to your approximately one-hour counseling session. The focus of the session is based on what you want from the meeting. While many people find one session is enough, you may return to the Talk-In Clinic at any time, even if you are on a wait list for other services.

**Rights and Responsibilities:** We believe that as a client, you have certain rights and responsibilities. These include the right to confidentiality; to be treated with respect, honesty, and integrity; to receive competent and effective services; to withdraw from services at any time; to inform your counselor of any complaints about services, to review your file with your counselor; and to request the correction of any factual errors in the file.

**Privacy:** DCAFS Child and Youth Mental Health Service is governed by the *Personal Health Information Privacy Act* (PHIPA). We are accountable to the *Office of the Information and Privacy Commission of Ontario* (<https://www.ipc.on.ca/>). Any concerns or questions about privacy or potential breaches should be directed to our Privacy Officer.

**Client Files:** Each child/youth we see, has their own file which may contain any of the following: information you have given us; written consents; correspondence received and sent for you; Talk-In questionnaires and Clinician Summary Report; Consent to Treatment; and the Confidentiality Statement. If you go on for further service, all information gathered at intake, assessment, and/or treatment would also become part of the file. The client has the right to access their personal health information and can consent to sharing their information with a parent/caregiver/guardian.

**Parent Involvement:** We believe that to help a child it is best practice to work in partnership with parents, children, and youth. However, in consultation with their clinician, children and youth have the right to private, confidential counseling, although we usually encourage involvement of the family.

**Treatment Planning:** All clients have the right to participate in assessment and treatment planning. At CYMH, we support you in voicing your treatment needs or desires and taking an active role in the creation of treatment goals. Treatment goals can be revised as needed. Parental involvement will be discussed with the child/youth at the earliest appropriate opportunity.

**Confidentiality:** Services at CYMH are confidential, although there are exceptions when we must, by law, release information. Your clinician will review these exceptions with you at the beginning of the session. Your written consent is required to release information to persons outside this service. The exceptions to this agreement is our legal requirement to report concerns of child abuse, or a child in need of protection to Child Protection Services or if subpoenaed, to provide information through a Court Order. We will release information to the authorities without consent, if the client or a member of their family is in imminent danger of hurting themselves or someone else.DCAFS is a member of a group of agencies who at times participate in a process called VTRA (Violence Threat Risk Assessment) which is meant to evaluate someone who has made a threat to assess the chance that the threat will eventually be carried out. Important information that could help in this type of evaluation may be shared without your consent at the time of the assessment.

**Diversity:** Dufferin Child and Family Services (DCAFS) recognizes, welcomes and accepts the diversity of our clients and their families with respect to race, national or ethnic ancestry, place of origin, colour, religion, citizenship, creed, gender, sexual orientation, age, marital status, family status, mental or physical disability, or language. If you require services in a language other than English, we will make every effort to accommodate you.

**Evaluation:** We ask those who have used our Talk-In Clinic to let us know what they thought of the service. At the end of your session you will be asked to complete a brief anonymous electronic survey. Your answers are grouped with others to preserve client anonymity. It is important to provide honest feedback as this will allow us to improve our services.

**Cost:** There is no cost to you for Talk-In Clinic services as they arefunded by the *Ministry of Health; Child and Youth Mental Health*.

**Problems/Complaint Process:** DCAFS has a process for you to raise concerns about any aspect of the services we provide. If you would like more information about our complaint process please ask your clinician or pick up our pamphlet *“When We Disagree: A Guide to DCAFS Complaint Process”* in our lobby or from Reception.