

"THE TALK-IN CLINIC" CLIENT INFORMATION SHEET

Welcome To Our Talk-In Clinic:

This clinic provides quick access to single-session counseling services for families with children from birth up to 18 years of age. It also is the main "gateway" into other services at Children's Mental Health. Please see our brochure for more details.

Please complete the questionnaire(s) you were given by the Receptionist while waiting for the next available counselor. If the service area is busy, the Receptionist can give you an estimate of the waiting time. The counseling session will be about one hour long. The focus of the session is based on what you want from the meeting. Although many people find one session is enough, you may return to the Talk-In Clinic at any time even while you are on a wait list for services here.

Parent Involvement:

We believe that to help a child we must work in partnership with parents. This is true for youth, as well. However, youth 12 years of age or over have the legal right to private, confidential counseling although we usually encourage involvement of parents.

Client Files:

Each child/youth and family we see has his/her own file. The file may contain any of the following: information you have given us; written consents; correspondence received and sent for you; Talk-In questionnaires and 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 then also become part of the file. You have the right to access your/your child's personal health information, which includes the client file.

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 your/your child's services, to review your/your child's file with your/your child's counselor; to add information to the file that you may feel is important; and to request the correction of any factual errors in your/your child's file.

Treatment Planning:

All clients have the right to participate in assessment and treatment planning. At Children's Mental Health, 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.

Evaluation:

We also ask parents and youth who have used the service at our Talk-In Counseling Clinic to let us know what you thought of the service. The clinician you see will give you a "[Talk-In Clinic Client Evaluation](#)" form. Please try to complete this form at the end of your session and before you leave our office. In the event that you cannot do this, please mail it back to us with the questions completed as soon as you are able. It is very important that you give feedback that may assist us to modify, sustain or expand this service.

Confidentiality:

Services at Children's Mental Health are confidential, although there are exceptions when we must, by law, release information. The clinician who sees you will review these exceptions with you at the beginning of the session and ask you to sign a form indicating that you understand these, as well as another form agreeing to be involved in treatment (a single session at the Talk-In Clinic is treatment in this case). Your written consent is required to release information to persons outside this agency. **The exception to this agreement is our legal requirement to report suspicions of child abuse, or a child in need of protection to Child Protection Services or if subpoenaed, to provide information through a Court Order. The final exception to this agreement (when we must release information without consent) is to inform someone in authority if a family member is in imminent danger of hurting him/herself or others.**

Cost:

Our services are funded by the Ministry of Child & Youth Service and the Ministry of Health. Dufferin Child and Family Services is a registered charity and we appreciate donations to help fund special activities such as camps and tutoring. Donations exceeding \$10.00 to the Dufferin Children's Fund will receive a tax receipt.

Diversity:

Dufferin Child and Family Services 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.

Problems/Complaint Process:

Do you have a complaint? If you do, we want to hear about it. Dufferin Child and Family Services 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*" from our office.

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CLIENT QUESTIONNAIRE – CHILD/YOUTH

Please fill in all fields

Name: _____ Age: _____ Date of Birth: ____/____/____
YR MO DY

Address: _____

town postal code

Phone H: _____
 Phone B: _____
 Phone C: _____

Parent/Guardian Name(s): _____
 Family Members *(first & last names, relationship to client)*: _____

School: _____ Grade: _____

1. Have you received services from our agency (ie. Children's Mental Health Services in the past or have you ever contacted our Crisis Services)? Yes, Date: _____ No

2. Why have you come today? _____

3. If 1 is the worst and 10 is the best, how are things in your life today?

Worst	1	2	3	4	5	6	7	8	9	10 Best
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4. What would be the best thing that could happen in this meeting today? _____

5. What is the one problem that seems most important to work on now? _____

6. What is it like when this problem is around? _____

7. Are you currently at any risk of harm to yourself or to others? Yes No

8. What would someone else like and respect most about you if they had a lot of time to get to know you? _____

9. For us to be most helpful is there anything you feel is important for us to know about your culture, ethnicity, religion, language, sexual orientation, mental or physical health, or other?



Talk-In Clinic

Questions About Your Goals – Child/Youth

The sentences below describe how children think about themselves and how they do things in general. Please read each sentence carefully. For each sentence, please think about how you are in most situations. Place a check inside the box that best describes YOU right now. For example, place a check in the box “none of the time” if this describes you. Or if you are this way “all of the time”, check this box. Please answer every question by putting a check in one of the boxes. There are no right or wrong answers.

		None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
1	I think I am doing pretty well.	<input type="checkbox"/>					
2	I can think of many ways to get the things in life that are most important to me.	<input type="checkbox"/>					
3	I am doing just as well as other kids my age.	<input type="checkbox"/>					
4	When I have a problem, I can come up with lots of ways to solve it.	<input type="checkbox"/>					
5	I think the things I have done in the past will help me in the future.	<input type="checkbox"/>					
6	Even when others want to quit, I know I can find ways to solve the problem.	<input type="checkbox"/>					