



CONFIDENTIALITY OF SERVICES ADULT

Welcome to Pacific Centre Family Services Association. We provide confidential services for children, youth, adults, and families. We respect your privacy and will not share information about you or your family except when it falls within our limitations to confidentiality. If you would like us to share information about you or your child, you will need to sign a Release of Information Form. To learn more about your privacy rights, we have a brochure to read.

PARTICIPANT RECORDS

Participant records belong to Pacific Centre Family Services Association and are kept safely behind a locked door. Participant information is entered into our secure computer program and used for record keeping and program evaluation purposes. Your counsellor may need to discuss your service plan with other colleagues in order to provide the most helpful services. This includes talking with referral sources if needed. We will not share your file information with other programs we run, unless you sign a Release of Information form.

ACCESS TO YOUR FILE

You have the right to see all written and electronic information in your file, written by your counsellor and relating to you. We cannot share information that relates to someone other than yourself. You can provide written notice at any time to view your file.

LIMITATIONS TO CONFIDENTIALITY

1. The law requires us to report to the Ministry of Children and Family Development if we have reason to believe a child/youth is being, or is in danger of being abused. Abuse can be emotional, physical, psychological or sexual.
2. If we have reason to believe a person is a danger to him / herself or others, we must inform someone who can protect that person.
3. When a court ordered subpoena requests a participant's file
4. If investigative records are required by the law

Name of Participant: _____ (please print)

I have read and understood the Confidentiality of Services. YES NO

**I agree to counselling services provided through
Pacific Centre Family Services Association** YES NO

**I have been given the safety and orientation information for Pacific Centre Family Services
Association and this program.**

Participant Initials _____

**I agree to being contacted for follow-up 2-3 months
after I have completed services through PCFSA** YES NO

If yes, I would prefer to be contacted by: EMAIL _____

PHONE _____

Participant signature

Counsellor Signature

Date