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T:204.515.6433
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Minor Service Agreement

Expectations:

While there are no guaranteed outcomes in therapy, you can expect a safe environment that does not discriminate against age, sex, race, ethnic background, religion, disability, sexual orientation, or political affiliation. We strive to provide great treatment and, as part of providing the best service possible, you may receive email or phone contact(s) asking you about your experience. Unless otherwise indicated, your response will be shared with your therapist to help them improve their service to you. At any time, you may ask questions about your treatment, refuse to participate in specific tasks, or terminate services.

Confidentiality:

At times, your therapist may consult with another professional to provide you with the best possible care. If you do not want your therapist to share your information in consultation please let us know. Your therapist also uses software that is secure, encrypted, and employs administrative help who may be exposed to private information. These staff persons are only given access to information on a need to know basis and are under agreements to keep information confidential. Although your service here is confidential, there are exceptions to this confidentiality. These exceptions include:

- Child Welfare and Protection of Vulnerable Persons: We are required by law to report abuse or neglect of children and other vulnerable persons.
- Threats of Harm: If you do or say something that we believe puts the life or safety of yourself or another person at risk, we may ask for help from others to assist you.
- Justice System: If your file or therapist is subpoenaed by a court of law we are required to comply with this request.
- Contact Tracing: Please be aware that if your therapist becomes ill and the government requires "contact tracing" they will be required to comply. Contact tracing refers to the government requiring individuals who have contracted a disease to provide a list of all the people with whom they have come into contact within a determined time-frame.

Should you and your therapist meet in a social situation, your therapist will respect your privacy and not reveal the nature of our relationship. However, you should be aware that sometimes your own actions in a social situation might inadvertently breach your confidentiality. Should a social situation become ongoing, your therapist will discuss with you in private how to proceed to avoid any conflict of interests.

Therapist Availability:

Should you require assistance outside of your appointment time, you may leave a message with the receptionist (204) 515-6433. If immediate assistance is required, consider calling the **Klinik Crisis Line (204) 786-8686**, the **Mobile Crisis Unit (204) 940-1781**, or going to the nearest hospital.

√ I have been given the opportunity to ask whatever questions I may have had, and all such questions have been answered to my satisfaction.

√ I understand the information in this form and freely consent to begin therapy.

Client (print/sign): _____ / _____ Date: _____

Client (print/sign): _____ / _____ Date: _____

Client (print/sign): _____ / _____ Date: _____

Client (print/sign): _____ / _____ Date: _____

√ I hereby indicate that I have defined and fully explained the above information to the client(s), and to the best of my knowledge, it was understood.

Therapist Signature: _____