



Canadian Mental
Health Association
Thames Valley
Addiction and Mental Health Services

CONFIDENTIALITY FORM

NAME: (please print) _____ DATE OF BIRTH: (d/m/y) _____

Please ask any questions you may have and we will be happy to explain this form and what it means.

I understand that the staff of the Canadian Mental Health Association of Thames Valley Addiction and Mental Health Services (CMHA TVAMHS) will be collecting personal information, including personal health information, for the purpose of:

1. Conducting an assessment of my substance use and/or concerns with gambling and/or gaming and/or technology and mental health concerns and
2. Providing treatment, referrals, recommendations and/or service coordination or
3. Discussing my concerns about someone else's substance use or gambling, gaming or technology.

CMHA TVAMHS staff members will document the information you share in your electronic file. All information you share with CMHA TVAMHS staff is protected under the Personal Health Information Protection Act (PHIPA). You have the right to request to view the information contained in your file at anytime.

CMHA TVAMHS staff are all expected to protect your information and will not release your information to a third party without your consent. You have the right to refuse to share information with third parties.

Limits of Confidentiality

As you will be discussing very personal issues during the assessment and treatment process, all possible efforts will be made to keep what you say completely confidential. However, there are some special situations under which your information will not be kept completely confidential. Some examples of these special situations are:

1. All cases may be discussed internally amongst the CMHA TVAMHS clinical staff. This sharing allows for providing information to other members of the team that may be involved in your care. It also allows for case consultation to assist in ensuring that the best plan is in place for you.
2. Your sessions with an CMHA TVAMHS staff member may be recorded or observed by another CMHA TVAMHS staff member. Observations of sessions are completed to assist with the growth and development of staff and to ensure that they are providing you with excellent care. Your session will never be observed or recorded without your prior consent. Any session recorded will not be shared with anybody outside of CMHA TVAMHS without your prior consent.
3. Your electronic file may be reviewed by another CMHA TVAMHS staff member for the purposes of assessing your primary worker's adherence to documentation standards and to assess the quality of service they are providing you.
4. At the end of the assessment, a report will be written and it will be placed in your CMHA TVAMHS record. Your screening, and assessment tools as well as this report will also uploaded to the Integrated Assessment Record unless you do not provide consent for this to occur.

In addition to the above, information will not be released to anyone outside CMHA TVAMHS, except under special circumstances and as permitted by law. Examples of these special circumstances include:

1. You sign a consent form for the information to be shared with someone else, for example, another service provider you are working with, your family physician or lawyer;
2. The information is subpoenaed or ordered by a court, where the judge determines that your record is relevant to the civil (divorce, child custody matters or a lawsuit for example) or criminal proceedings at any time;
3. CMHA TVAMHS staff have reasonable grounds to believe that disclosing your information is necessary to eliminate or reduce a significant risk of bodily harm to yourself or others;
4. You report anything that may be a concern to the safety or well-being of children. This can include having a sexual interest in children and/or a history of sexual offending, and having unsupervised contact with children. The Ontario Child and Family Services Act requires that this be reported to the Children's Aid Society;
5. You report anything that suggests someone is being abused or neglected in a long-term care or retirement home;
6. There is a medical emergency and we need to contact emergency services on your behalf;
7. You disclose past or present sexual abuse by a member of a regulated health discipline. The CMHA TVAMHS staff member may need to report the abuse to the appropriate professional college. The report to the professional college will (1) be done with your knowledge and (2) will include your name, only with your written consent;
8. Your staff members' governing body (eg. The Ontario College of Social Workers and Social Service Workers) may audit files for purposes of quality assurance.

Risks and Benefits of Participating in the Assessment & Treatment Process

While participating in the assessment process you will be asked to discuss, explore, and reflect on challenging and emotionally difficult issues. This may be difficult at times and you may feel a range of emotions as a result. Despite these feelings, your active participation will assist the clinician in supporting you to develop your treatment plan, provide required services, and to make appropriate recommendations and/or referrals.

During the treatment process you may experience unpleasant emotions, memories or physical discomfort. The staff members are trained to help you with these responses. If you are seen by the staff to be hostile or threatening, you will be asked to leave immediately and treatment may be discontinued or postponed until a later time.

Consent Agreement

I have read and agree with the conditions of receiving services as outlined in this confidentiality form. I have been given the opportunity to ask questions about the assessment and treatment process and any questions I have asked have been answered to my satisfaction. Being aware of the conditions, expectations, risks, benefits, and process of assessment and treatment, I agree to participate in the services available to me at CMHA TVAMHS. I understand that I can withdraw from services at any time.

Client Signature

Date

Witness

Date