



556 BOLESKINE ROAD, VICTORIA, BRITISH COLUMBIA V8Z 1E8
Phone (250) 475-4157 Fax (250) 475-4238

INFORMED CONSENT FORM FOR SECONDARY COUNSELLORS

What to expect from counselling:

- Counselling is expected to be a voluntary, confidential relationship (see limits below) and involves developmentally appropriate and evidence - based strategies to explore specific goals as identified and agreed upon by the counsellor and student.
- A counsellor has an obligation to ensure that students understand the goals of the counselling session(s), limits to confidentiality, and the potential risks and benefits of counselling.
- A student has the right to end counselling at any time.

Potential Benefits to counselling:

- Improved problem solving strategies for areas of concern in one's life.
- Better understanding of self and others, and increased mental health and wellness.
- Understanding of options available in school, community and home for continued support.

Potential Risks to counselling:

- Unanticipated and/or strong emotions that may arise from remembering and discussing upsetting events.
- Limits to confidentiality may lead to unforeseen consequences.

Limits to Confidentiality:

- Concerns about abuse (sexual, physical, emotional), and/or neglect of a student legally require a report to the Ministry of Children and Family Development.
- If a student has knowledge regarding criminal activities, and/or knowledge of someone being harmed, the counsellor must inform the police.
- If a student has a plan to harm themselves or others, confidentiality may be breached to ensure safety.
- When subpoenaed to court, a counsellor must share relevant information as requested by legal authorities.

Parent/ Guardian Consent:

- If a student is not able to fully understand ongoing informed consent, parental/ guardian permission for counselling is required.
- It is most often in the best interest of the student to have parents/guardians informed about counselling (while content remains confidential), with the child/youth's consent.

Date: _____

Student Name: _____

Signature: _____

Counsellor Name: _____

Signature: _____

Parent/ Guardian Name (if applicable, see above): _____

Parent/ Guardian Signature: _____