Consent to Accept Treatment

This form explains the terms and conditions under which ADAPT provides services to you. Please review this information with your counsellor and ask any questions before signing this Consent to Accept Treatment.

1) ADAPT services are based on **dignity**, **respect**, and **empowerment.**

   a) Your participation in ADAPT services is voluntary. Services are goal-focused and time-limited.
   b) You actively participate in creating a treatment plan that reflects your strengths, goals, and needs.
   c) ADAPT uses a strength-based approach. This means we see you as capable, resilient, and able to make positive changes.
   d) We respect and include people of all backgrounds and value diversity in culture, beliefs, abilities, and identity.
   e) ADAPT believes treatment is more effective when family, friends, and community supports are involved. With your consent, you may invite others to be part of your care at any time.
   f) You may choose to stop receiving services at any time.

2) All information about you is kept strictly confidential and protected under the Personal Health Information Protection Act (PHIPA). No information in your ADAPT clinical record will be shared with anyone outside the agency without your direct consent. This applies to both paper files and electronic clinical notes. Your counsellor may consult with another ADAPT professionals to support your care. All consultations follow the same confidentiality and legal requirements described in this consent.

3) By law, ADAPT staff must report information in the following situations:

   a) If you state an intention or make a direct threat to harm yourself or others, or if your actions place yourself or others at immediate risk.
   b) If there is a serious concern about the safety of a child under the age of 16, including possible abuse, neglect, endangerment, or abandonment.
   c) If you disclose sexual abuse by a regulated health professional (such as a doctor, nurse, or social worker). ADAPT must report this to the professional's regulatory body. Your name will only be included if you provide permission in writing.
   d) If your counsellor or your personal health record is legally required (subpoenaed) to be provided to a court.

4) If you are impaired in any way, please notify ADAPT and reschedule your appointment. If you present as impaired at your appointment, ADAPT staff will reschedule your appointment and help arrange safe transportation. If you insist on driving while impaired, ADAPT staff are legally required to report this under duty-to-report laws (see Section 3-a).

5) ADAPT is committed to providing a safe, respectful, and abuse-free environment. You are expected to treat staff with respect and without physical, sexual, emotional, verbal, or psychological abuse. To protect everyone's safety, ADAPT may limit, pause, or end services if needed.

6) ADAPT may offer counselling in-person or remotely using Microsoft Teams/ Zoom or telephone. We also may use text messages or emails for appointment reminders and service-related communication. Choosing virtual services or electronic communication carries a small additional risk to privacy and is completely voluntary.

   Do you consent to receiving text, and email communication from ADAPT and/ or participating in virtual counselling?

   ☐ **Yes** ☐ **No** ☐ **Other: _____**

7) Your feedback is important to us and helps improve our services. You may share feedback at any time by emailing: **yourfeedback@haltonadapt.org**

I have reviewed and understand the above information and agree to accept services from ADAPT

Client Name: _____

Client Signature: _____ Date: _____

I have reviewed the above information with the client, and they have indicated their understanding:

Staff Name: _____

Staff Signature: _____ Date: _____