



King's Community Support Centre CONSENT TO SERVICE

OVERVIEW OF SERVICES

Salvation Army London Centre of Hope has partnered with King's University College School of Social Work to provide counselling for service users. Student counsellors may also offer continued service to individuals after they have secured housing if desired. Services are delivered by Social Work students supervised by a Social Worker registered with the Ontario College of Social Workers and Social Service Workers. Drop-ins are welcome for scheduling intakes or appointments and to learn more about our services; scheduled one-to-one appointments to meet your regular counsellor are required. Student counsellors can provide counselling sessions for their assigned clients only.

CONFIDENTIALITY AND EXCEPTIONS

Interactions with King's Social Work students are confidential. Sharing information with anyone other than the student counsellors and their supervisor(s) will require explicit written consent.

EXCEPTIONS TO CONFIDENTIALITY

We are committed to protecting your confidentiality however we have a legal duty to report the following information:

- If there is a disclosure of clear and imminent danger of harm to self and/or others.
- If abuse or suspected abuse (including physical or sexual abuse or neglect) of a child under the age of 16 is reported.
- If abuse (physical, emotional, financial, or sexual abuse) of an elder is reported.
- If notes or client information is subpoenaed by a court of law.
- If there is disclosure of abuse by a healthcare provider.
- The Social Work Students work as a team and may consult with one another and their supervisors to provide the best possible care. These consultations are for professional and training purposes and whenever possible, participants share information in a non-identifying way.

You may request to see your file at any time.

RECORD STORAGE

All records are stored/formatted electronically in Adracare, a platform that meets security standards set out by the Ontario College of Social Workers and Social Service Workers. After seven years have passed, all electronic files will be disposed of properly. If the service user is under 18 years of age, the file will be destroyed 7 years after they become 18 years of age.

CONTACT INFORMATION AND EMERGENCY SITUATIONS

The schedule of Social Work Student Counsellors changes seasonally; please check with our front desk for specific seasonal scheduling. Please also note that counsellors will not be checking phone messages or emails on days the Centre is closed. If you need to reschedule an appointment, you may do so by phoning **519-661-0343 extension 370** or emailing intake@kingscommunitysupportcentre.ca. To protect your confidentiality, it is recommended that you limit details in phone and email messages.

Please note that this is not a crisis service. If you are in crisis between sessions, or during absences, please contact the Reach Out Line at 519-433-2023, visit the CMHA 24/7 Walk-in Crisis Centre at 648 Huron Street in London, call 911, or proceed to your nearest hospital emergency room.

USE OF SERVICES AND RECORDS FOR LEGAL PURPOSES & REQUEST FOR FILE DISCLOSURE

At KCSC, social work services are provided for personal, therapeutic, and supportive purposes. These services, and any related records, are not intended or designed for use in legal proceedings (e.g., custody disputes, criminal or civil matters, employment disputes, tribunal hearings, immigration/refugee protection applications, etc.).

To preserve the integrity of the therapeutic relationship, practitioners generally will not provide reports, records, or testimony for legal proceedings. Clients should be aware, however, that in rare circumstances courts or tribunals may legally order disclosure.

Mandatory reporting obligations (e.g., concerns of child abuse, imminent risk of harm to self or others) remain in effect and are not affected by this statement.

Guiding Principles:

1. Non-Disclosure for Legal Use:

Clients, their representatives, or legal counsel are asked not to request or subpoena any KCSC practitioner to provide reports, records, assessments, or testimony in legal forums.

2. Record Use Limitation:

Records are maintained solely for internal purposes in support of the client. Records are not created for legal purposes, and practitioners generally do not provide reports or testimony for court or other legal matters unless required by law

3. Informed Consent:

All clients must review and acknowledge this statement as part of their informed consent before engaging in services.

4. Exceptions:

KCSC practitioners will comply with all legal obligations, including mandatory reporting of risk or harm. In such circumstances, disclosure is considered a professional duty, not a breach of this position.

INITIAL: _____

REQUEST FOR FILE DISCLOSURE

Service users may request for a disclosure of their client file with KCSC under the Personal Health Information Protection Act, 2004 (PHIPA). In such cases, as accordance with PHIPA, they will need to make a request in writing using the PHIPA-Compliant File Summary Release & Confidentiality Limitation Form. KCSC will provide the client or their authorized representative with a summary of their case file in accordance with relevant legislation.

CONSENT FOR DATA COLLECTION & USE (*optional*)

KCSC is committed to protecting your information by following responsible information handling practices in keeping with relevant privacy laws. KCSC collects and uses non-identifiable program & demographic data (such as ages of service users) to improve KCSC services, for statistical purposes, to support KCSC research initiatives, for funding and reporting purposes,

and to satisfy government and regulatory obligations. The aggregate information collected for these purposes will not contain identifying information (such as names).

I consent to this data collection & use and understand the process as outlined.

INITIAL: _____

CONSENT TO EMAIL/TEXT CONTACT (optional)

I consent to being contacted via email/text at the contact below. I testify that I am the sole owner of this email address/phone number and that I will limit the use of this method of contact to scheduling and brief non-therapeutic conversations. This includes: appointment scheduling, appointment reminders, seeking contact, non-crisis emergency response, response to a situation that warrants only brief communication.

INITIAL: _____ **EMAIL/TEXT:** _____

REFERRAL SOURCE CONSENT (optional)

I consent to allow communication between KCSC and _____ (Referring Agency), for the purpose of confirming my appointment bookings.

INITIAL: _____

CONSENT TO SERVICES

I have read and understand the information provided regarding services and confidentiality and have been given the opportunity to ask questions. I agree to participate in counselling services provided by the King's University College Social Work Students.

SIGNATURES:

Service User:

Name	Signature	Date (yyyy/mm/dd)

Social Work Student Counsellor:

Name	Signature	Date (yyyy/mm/dd)