



*Embrace Change. Embrace Your Potential.*

## **MINOR CONFIDENTIALITY AND RELEASE OF INFORMATION**

As a minor, I understand that the information I share with my counsellor will not be disclosed to anyone without my permission for any reason other than:

- 1. I am at risk to myself (self harm);**
- 2. I pose a risk to someone else (intending to hurt someone);**
- 3. Someone else poses a risk to me (someone else has or might intentionally hurt me);**
- 4. Information might be requested about my situation and me by a subpoena through the court of law.**

I understand that my parent(s) or guardian(s) may be interested in my counselling progress and may wish to speak with my counsellor. I understand that my counsellor has my best interest in mind and that my counsellor is committed to maintaining confidentiality. Any information given to my parent(s) or guardian(s) would only be general in nature (i.e. that I showed up for my appointment, or general progress, etc.).

If, in the event my counsellor has reason to believe that my parent(s) or guardian(s) would benefit by knowing something about me or something about my counselling sessions for reasons other than what is already outlined on this form, my counsellor will consult with me first about what information might be shared and will ask my permission to share this information.

I understand that by signing my name on this form, that I am aware of and understand the parameters of confidentiality and release of information. I understand that my parent(s) or guardian(s) signature on this form indicates their awareness of the same parameters, and that they agree to not pressure me for information about my counselling sessions.

Minor Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Counsellor Signature \_\_\_\_\_

Date \_\_\_\_\_

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