

STATEMENT OF UNDERSTANDING

for counselling services offered to minor children for whom there is sole or joint custody

Optum Health Service (Canada) provides employees/members and their eligible family members with short-term counselling, assessment, referral and case management services to assist them with personal problems and concerns. **Your counsellor's role is neutral and impartial, and does not provide for advocating on your behalf in legal or work-related matters.** Use of Optum Health Services (Canada) is voluntary and intended for brief rather than on-going, long-term therapy. The cost of services of Optum Health Services (Canada) is covered by contract through employees'/members' or their family member's employer or professional association.

Counselling will involve clarifying the problem(s) that brought you/your child(ren) to counselling, developing a plan to address it/them and working with the support of your counsellor toward problem resolution. Counselling is a partnership between counsellor and client.

In some cases, a referral to another resource may be indicated. If so, your counsellor will assist you/your child(ren) with this process. With your permission, your counsellor may contact a community resource to ensure a smooth transition. There may be a cost for such resources: this would be your own responsibility.

CONFIDENTIALITY AND CLIENT RIGHTS

- 1) All counselling services are confidential. Your workplace/professional association will not receive any information disclosing identities of those who utilize our services unless authorized in writing by you. Information transmitted from company computers may be tracked by the company or organization and is therefore not secure.
 - 2) A record is kept of services provided to you/your child(ren). All records are confidential and are the property of Optum Health Services (Canada).
 - 3) No information about your/your child(ren)'s attendance will be provided to anyone outside of Optum Health Services (Canada), without your signed, informed consent.
- There are some important exclusions to the above:
- Child welfare concerns
 - Imminent self-harm, danger to others, or medical emergency
 - Subpoena or court order
 - Professional and confidential third-party audit for quality assurance purposes

ELIGIBILITY, CANCELLATION AND CONSENT TO THIRD PARTY AUDIT

- I verify that I am eligible to utilize Optum Health Services (Canada's) services through my own or my family member's employer, or professional association.
- I consent that reasonable non-identifiable data can be shared with third parties.
- I understand that 24 hours' (business days) notice is required to cancel an appointment. Failure to provide this will result in a session being counted toward my/child(ren)'s use of service

I have read the above, understand and agree to its contents.

Signature

Date

Signature

Date

Witness Signature

Date

Please Turn Over

CONSENT TO COUNSELLING FOR MINOR CHILDREN

Depending upon the custody arrangement, please complete Section A or Section B

Section A

Sole Custody/Guardianship or Shared Guardianship/Sole Decision-making Power Over Issues Relating to Health of Minor Child(ren)

I verify and/or provide legal documentation to Optum Health Services (Canada) that I have sole custody/guardianship of the minor child(ren) or confirm that while I have joint custody/shared guardianship, I have sole decision-making power over issues relating to health regarding the minor child/children, and consent that the minor child(ren) may attend counselling.

Name(s) of minor child(ren): _____
(print)

Name of sole guardian: _____
(print)

Signature of sole guardian: _____

Date: _____

Section B

Joint Custody Guardians

☐ A- We verify and/or provide legal documentation to Optum Health Services (Canada) that we have joint custody/shared guardianship of the minor child(ren) and consent that the minor child(ren) may attend counselling. (Both guardians must provide signatures below).

OR

☐ B- I verify that I have joint guardianship of the minor child(ren), however, due to the current situation (please describe _____), I am unable to contact the other guardian to obtain his/her consent. (Guardian requesting service signs below).

Name(s) of minor child(ren): _____
(print)

Name of joint guardian: _____
(print)

Signature of joint guardian: _____

Date: _____

Name of joint guardian: _____
(print)

Signature of joint guardian: _____

Date: _____

I/We _____ consent to an Optum Health Services (Canada) counsellor contacting me/us upon completion of counselling to discuss my/our experience with the services we received. I/we can be reached during the day at: (please specify name and respective phone number)

Name: _____

Phone number: (_____) _____

Name: _____

Phone number: (_____) _____