



# CLIENT CONSENT FORM

## Sign at first session

Confidential Client Code: \_\_\_\_\_

I \_\_\_\_\_ (client name, or legal guardian name) hereby authorize the release of any necessary information concerning my Employee Assistance Program (EAP) or Member Assistance Program (MAP) coverage.

Necessary information includes the dates of my consultations to ensure payment to both Arete® Human Resources Inc. and my counsellor, as well as information that allows for proper case management of my file.

If I am the insured employee, am absent from work, and receiving counselling services from Arete Human Resources Inc., I understand my insurer is privy to limited information pertaining to my progress in order to better manage my disability case file. Personal information discussed in counselling sessions will not be shared.

I further understand there will be no disclosure of any information to my employer that would expose my identity or reveal the content of my counselling sessions. I understand the confidential nature of my counselling will be respected unless there is reason to believe there is a risk to myself or someone else, or if the file is subpoenaed by a court of law.

Arete staff members managing my file adhere to a strict code of confidentiality and will keep all personal information strictly confidential in compliance with Canada’s Personal Information Protection and Electronic Documents Act (PIPEDA).

This consent document is valid as long as my file is active with Arete Human Resources Inc.

**COSTS:** I am responsible for the full cost of missed appointments and any appointments changed or cancelled with less than 24 hour notice, as may be assessed by my counsellor.

**FILE CLOSURE:** EAP counselling is short term therapy. Files can be closed if no appointments are booked within 60 days. Arete Human Resources Inc. will do their best to follow-up with the counsellor and client prior to file closure. Files can be re-opened if services are required at a later date.

Client signature (or legal guardian):	Counsellor signature:
Signature date:	Signature date:

**A photocopy of this document has the same validity as the original.**

**Please send the completed form to Arete Human Resources Inc.  
Scan and email to [clinical@aretehr.com](mailto:clinical@aretehr.com) or fax to 403-252-6161**

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