

Career Services

Mount Saint Vincent University

Intake and Informed Consent Form

Revised March 2021

Welcome to Career Services at Mount Saint Vincent University. This intake and informed consent form contains important information about Career Services' policies and practices around distance counselling, Electronic Health Record use, and governing law and jurisdiction. *Please read it carefully and ask your counsellor for assistance if you have any questions.*

How to fill in and return this form

1. Complete the form using Adobe Acrobat editing and send it to your counsellor by email, OR
2. If you can't edit the PDF, please print, sign, scan and email pictures of each page to your counsellor, OR
3. If you don't have access to a printer, please send an email with this form attached to your counsellor stating that you understand and accept all items in the Intake and Informed Consent Form (Revised March 2021) and that you were unable to complete the form due to technological issues.

If you have questions about any part of this form or how to fill it out, contact your counsellor.

Student Contact Information

Legal name	Student ID
Chosen name and pronoun	Date of birth
Current phone #	Program and year of study
MSVU email address	
Location while attending MSVU (apartment number, street address, city/town, postal code)	
Can Career Services offer you any accommodations for your appointments? (e.g. Accessibility related, reading/writing concerns, environmental sensitivities, etc.) If yes, please describe:	

Emergency contact person name Their relationship to you?	Emergency contact person telephone number
Physician's name Clinic name/location	Physician's telephone number
From time to time, Career Services might email you with a survey or evaluation. Is this okay with you? Please mark an X beside your response: YES NO	
How did you hear about us? Please mark an X beside your response:	
Career Services social media MSVU Faculty/staff	Other social media Other students
	MSVU website Other:

An Introduction to Counselling

Nature of counselling

Your first appointment will provide you with an opportunity to talk confidentially with a counsellor who will talk with you about some of the reasons you scheduled the career counselling appointment and evaluate what ongoing services or resources would be most helpful for you. You have the right to ask about or to decline any part of your counselling. You also have the right to request another counsellor.

Supervision

Career Services supervises master's level counselling interns who provide counselling to clients at MSVU. Counselling interns can provide counselling to clients and they are supervised by the Career and Experiential Education Coordinator at Career Services. When this supervisor is away, interns are supervised by the Clinical Supervisor at Counselling Services. You have the right to know the name of your counselling intern's supervisor(s) and how to contact them. Due to interns being in training, the supervisor may ask you and/or the interns about counselling sessions for supervisory and training purposes. The supervisor will keep this information confidential.

Supervisor: Kyla Friel, MEd, CCC, RCT, Career and Experiential Education Coordinator, Career Services, kyla.friel@msvu.ca

Supervisor: Jillian Rankin MEd, CCC, RCT, Clinical Supervisor, Counselling Services, jillian.rankin@msvu.ca

Kyla Friel is supervised by Paula Barry Mercer, Associate Vice-President, Student Experience, paula.barry@msvu.ca

Emergencies

If you find yourself in an emergency situation, (i.e., thoughts of harming yourself or others, or thoughts of committing dangerous acts), please visit the nearest hospital emergency room or call 911.

Late and missed appointments

Please give 24 hours notice if you know you will miss an appointment. After 3 missed counselling appointments in a row, your counsellor will discuss with you your goals and intentions for career counselling. Counselling sessions will be rescheduled if you are more than 15 minutes late arriving for the session.

Consent for Distance Counselling/Teletherapy

1. I understand that “distance counselling” or “teletherapy” includes secure videoconferencing, emails, telephone conversations, and education using interactive audio, video, or data communications, as outlined by the Canadian Counselling and Psychotherapy Association and the Nova Scotia College of Counselling Therapists.
2. Unless I explicitly provide agreement otherwise, distance counselling exchanges are strictly confidential. Any information I choose to share with my counsellor will be held in the strictest confidence. My private information will not be released unless my counsellor is required to do so by law. In Nova Scotia, counsellors are required to notify authorities if they become convinced a client is about to physically harm someone, harm themselves, or if the client is abusing or about to abuse children, older adults, or disabled people.
3. I understand that I have the right to withdraw or withhold consent from distance counselling at any time. I also have the right to terminate the counselling relationship at any time.
4. While distance counselling will be conducted primarily through secure and private videoconferencing, I understand that there are always some risks with distance counselling including, but not limited to, the possibility that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be intercepted by unauthorized persons, and/or the electronic storage of my information could be accessed by unauthorized persons.
5. I will work with my counsellor to identify an alternative communication method, such as the telephone, in the event the videoconferencing tool fails.
6. I understand that I may benefit from distance counselling but that results cannot be guaranteed or assured.

7. I understand and accept that distance counselling does not provide emergency services. If I am experiencing an emergency, I understand that the protocol would be to call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the Nova Scotia Mental Health Crisis Telephone Line at 1-888-429-8167 or (902) 429-8167 for free 24-hour hotline support.

8. I will be responsible for the following: (1) providing the computer and/or necessary telecommunications equipment and internet access for distance counselling sessions, (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my distance counselling sessions.

9. I agree not to record distance counselling sessions.

10. I agree to be dressed as if I were attending an in-person face-to-face session.

I have reviewed and understand the above information and conditions.

Student's printed name	Student's signature
Date	

Consent for Information Sharing Practices and Electronic Health Record

At Career Services, we collect personal information from our clients to provide safe, effective care. Personal information includes your name, chosen name, address, date of birth, etc.

Career Services is committed to protecting the privacy of your personal information. Staff receive training to align with privacy and confidentiality standards. Records are kept on a secure electronic health record system. Each user has a unique ID and password and regular audits of user access are conducted.

Your personal information will be treated as confidential by Career Services. It is shared within the collaborative practice team of MSVU Health and Wellness (Health Services and Counselling Services) **on a need-to-know basis**. Disclosure of your personal information outside of Career Services and MSVU Health and Wellness is only done with your consent, unless the disclosure is permitted or required by law. We are required to disclose personal information outside of Career Services and MSVU Health and Wellness, without your consent, to comply with standard legal requirements such as preventing clients from seriously physically harming themselves or others, court subpoenas, and the prevention of child abuse and elder abuse.

Use of Technology for Distance Counselling

When appropriate, technology may be used to conduct counselling sessions, such as the

telephone or video conferencing on a secure platform. Career Services is committed to protecting clients' confidentiality and follows the ethical standards of the Canadian Counselling and Psychotherapy Association's Standards of Practice for distance counselling. Even while following these ethical standards, Career Services cannot guarantee absolute confidentiality while using technology.

Yes, I understand and accept the confidentiality risk that is associated with participating in distance counselling sessions.

Initials _____

Collection, use and disclosure of your personal information

We collect, use and disclose your personal information as needed in order to:

- Evaluate your career counselling needs and provide care to you.
- Consult with other MSVU Health and Wellness health care providers (such as physicians or the nurse in the Health Office) from time to time, if such consultation is considered beneficial to you.
- Conduct quality improvement and risk management activities.
- Fulfil other purposes permitted or required by law, e.g. reporting abuse.

Disclosure of personal information to parent/guardians

We do not share your personal information with your parents or guardians without your consent. Please note that in event of an emergency situation during a counselling session, we may contact (and provide information on a need-to-know-basis) to your listed emergency contact person.

Masking options in our Electronic Health Record

Career Services and MSVU Health and Wellness are only authorized to access your electronic health record on a need-to know basis for the purposes described above. The electronic health record system offers clients the option of locking their counselling file which would require anyone accessing your information on a need-to-know basis to first obtain your consent and/or enter into the system a reason for accessing confidential materials. However, the best quality of care can be delivered to you when you share your electronic health records with the full team of Career Services and MSVU Health and Wellness.

Please note that your contact information and record of appointments cannot be locked.

Please indicate your preference:

Please lock my counselling file.

Initials _____

Please allow professionals employed at MSVU Health and Wellness access to my file on a need-to-know basis.

Initials _____

Review

I have reviewed and understand the above information. I consent to Career Services collecting, using, and disclosing my personal information as described above, and in accordance with my chosen preferences. I understand I can change or withdraw my consent at any time by submitting a “Consent Change Form” that is available from Career Services.

Student’s printed name	Student’s signature
Date	

Consent for Governing Law and Jurisdiction

- I hereby agree that the resolution of any and all disputes arising from myself and either Mount Saint Vincent University or the healthcare providers (as well as employees, and other independent healthcare providers providing healthcare and treatment to me) at Career Services shall be governed within the laws of the Province of Nova Scotia.
- I hereby acknowledge that the Standards of Practice of the Canadian Counselling and Psychotherapy Association and the Nova Scotia College of Counselling Therapists will be followed. I acknowledge that the Nova Scotia College of Counselling Therapists shall have jurisdiction over any complaint made against a registered member of that College. I hereby agree that if I commence any legal proceedings that they will be only in the Province of Nova Scotia with exclusive jurisdiction of the Courts of Nova Scotia.
- Mount Saint Vincent University is committed to the protection of your personal information. Any personal information you provide will be collected, disclosed, retained, and disposed of in accordance with the conditions stated on this form, and in compliance with Nova Scotia’s Personal Health Information Act (PHIA), and regulations, as amended.

Initials _____

I have reviewed and understand the above information and conditions.

Student’s printed name	Student’s signature
Date	