Health, Wellness and Accessibility Services

The information contained on this form and on other documents and materials, is collected and used for the purpose of assisting clients in the counselling process and for administrative and statistical purposes of the college, as established by Section 5 of the Ministry of Colleges and Universities Act.

CONFIDENTIALITY STATEMENT

I understand the confidential nature of this counselling relationship which is consistent with the professional ethics of provincial and federal privacy guidelines. Ordinarily, information about me or even the fact of my conversation with a counsellor(s) will remain confidential and any personal information collected about me will be safeguarded according to Niagara College Privacy Policies and Practices. In such circumstances, unless it falls within one of the exceptions listed below, information will be released only with my written consent and upon disclosure to me in writing of the nature of the information being released. That information will then be released selectively and only to qualified recipients.

However, I also understand that the right to confidentiality is not absolute. There are exceptions to the above rule, and there are instances of limited confidentiality. This means that information must and will be disclosed, with or without my consent and/or knowledge, in the following cases (contacts listed in brackets).

If the counsellor assesses that I may be in clear and imminent danger to myself or to another person (family, College administration, police or medical authorities).

If there is suspected child abuse or neglect (Family and Children Services, college administration).

If Niagara College files and records have been subpoenaed by the court.

If I allege a situation of harassment, discrimination or assault by Niagara College employees, students or other person(s) for whom Niagara College may be held to be responsible in law (College administration).

In such exceptional cases, the counsellor will inform the proper authorities, the College administration and possibly family members or others, depending upon the situation and as guided by professional consideration.

To be signed in counsellor’s office.

Student Signature ____________________________ Date ____________________________

Witness (Counsellor) ____________________________ Date ____________________________

EMERGENCY CONTACT INFORMATION

Name ____________________________ Home Number ____________________________

Relationship ____________________________ Cell Number ____________________________