

EMPLOYEE ASSISTANCE & WELLNESS SOLUTIONS CONSENT TO TREATMENT OF A CHILD

I agree to give permission for my child(ren) to begin treatment with a Manitoba Blue Cross Employee Assistance Program clinician, as indicated by my signature below:

Name of child client	Age
Name of child client	Age
Name of child client	Age

Statement of Understanding: Limitations and Focus of Counselling for Minors

I understand there are limitations with the counselling services to which I am consenting for my child(ren) and I understand and agree as follows:

- I understand the primary focus of the EAP counselling includes developing an understanding of the presenting concerns, short term counselling, referral for external services when necessary, and that the services are clinical in nature and are not intended for purposes outside the counselling process itself, such as, for example court proceedings, custody evaluations, legal proceedings, school requests for information or reports, or other third party requests for information.
- I understand the counselling services provided to my child, to which I am consenting, are solely intended to provide assistance for my child and my child's familial and social relationships. As such, from time to time at the discretion of the counsellor either or both parents may be involved in the counselling process and at the counsellor's discretion either parent may be informed of my child's progress in counselling, unless an existing Court order specifies otherwise.
- I understand the EAP does not provide verbal or written review or assessment information to third parties and I further agree that written and or verbal submissions of any kind pertaining to the services provided will not be requested by me or my legal representatives.
- Notwithstanding the above, I understand that limitations to confidentiality which govern counselling and treatment will continue to apply.

I, _____, have read and understand this Statement of Understanding which outlines the
(parent/legal guardian)

limitations and focus of counselling services to be provided to my children.

Signature of parent/legal guardian	Relationship to child	Date (dd/mm/yyyy)
Signature of parent/legal guardian	Relationship to child	Date (dd/mm/yyyy)

