

**GRYBA PHILLIPS**  
**PROFESSIONAL COUNSELLING ASSOCIATES**

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## **Guidelines When Working with Children**

Dear Parent/Guardian:

We follow specific guidelines when working with children. In order to be well informed about our policies and the rights of you and your child as a client, we are providing you with this material. Please read this carefully and if you need clarification on any of this information, please ask before signing this form.

### **1. Confidentiality**

You and your child have the right to privacy, confidentiality and full professional behaviour. Information shared in sessions will not be divulged, except under the following circumstances in which it is required by law:

- A client threatens bodily harm to self or others
- There is indication of child abuse or neglect
- A court of law orders the release of any information regarding sessions

We may, during the course of working together with you and your child, seek consultation with a professional colleague in order to ensure that you receive the best possible therapeutic services. The information shared with this professional colleague will be kept anonymous and is restricted to the information necessary to aid in meeting the desired goals and to assist us in providing high quality service. This colleague will also be held to the rules of confidentiality.

## 2. Counselling Children and Parental Consent

- i. When a parent brings a child for counselling, we require signed consent of the parents. If parents are living together (married or common-law), we prefer that both parents sign the consent form.
- ii. If parents are separated or divorced, proof of custody must be produced. Unless a court order makes a statement to the contrary, both parents must give consent for their child(ren)'s counselling.
- iii. Parents and therapist are a team in the child's counselling process. Family sessions may be recommended. The counsellor will discuss the therapeutic activities and goals with parents on a regular basis. Parents are encouraged to discuss any questions or concerns with the counsellor at any time.

## 3. Cancellation Policy

If there is a need to cancel or change the appointment, please provide 24 hour's notice. Session fees will be charged for missed appointments and late cancellations. In the event of illness, please notify the office no later than 9:00 a.m. on the day of the appointment.

## 4. Payment

Payment is due at the **beginning** of each session by cash, cheque, debit or e-transfer in the amount of \$ \_\_\_\_\_/hour unless your sessions are covered by an Employee Assistance Program.

**I have read and understand the above guidelines.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counsellor

\_\_\_\_\_  
Date

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Signature of Witness

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Date