

**Worker Counselling Authorization and Consent**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(name of client) (name of Psychologist/Social Worker)

to provide me with psychological treatment services. I understand and agree that:

1. I may at any time decline or discontinue treatment with the psychologist/social worker. If this occurs, I will contact my WCB claim owner to discuss the implications of this action.
2. My cooperation is a significant factor in my treatment and that treatment success is not guaranteed.
3. If further services are required beyond those supported by the WCB, appropriate referrals for alternate assessment or treatment may be provided.
4. The use of any recording devices without the signed consent of both myself and the psychologist/social worker is prohibited. Any violation may result in the termination of the services.
5. The psychologist/social worker will send reporting to the WCB that summarizes my treatment goals and treatment progress. I can access reports generated from these treatment services through a request to my WCB claim owner.
6. I understand that the information related to my treatment may be used for research regarding program effectiveness. I understand that the intent of the use of this information is to improve psychological services provided by the WCB.

*The information collected by this psychologist/social worker is confidential and protected under the FOIP, the HIA, and the WCB Acts. This collection of personal information is in compliance with section 33(c) of the Freedom of Information and Protection of Privacy Act, Section 20(a) of the Health Information Act, and is collected under the authority of the Workers' Compensation Act.*

By signing this document below, I declare that I have read it, understand, and agree to the provision of psychological services on the above basis.

Dated at \_\_\_\_\_, Alberta, this day of \_\_\_\_\_, 20 \_\_\_\_  
(city/town)

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Client signature

- OR -

If client is unable to sign or is a minor, signature of parent, guardian or legally authorized representative is acceptable. Please include your relationship to client.

\_\_\_\_\_  
Witness name - PRINTED

\_\_\_\_\_  
Client name - PRINTED

**FOR USE WHEN INTERPRETER INVOLVED:**

I have interpreted the contents of this document to the above client, and I am satisfied that the client understands the content, purpose, and nature of this document and has accordingly agreed to it.

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Interpreter signature

\_\_\_\_\_  
Witness name - PRINTED

\_\_\_\_\_  
Interpreter name - PRINTED