

Letter of Agreement for Social Work Services

Welcome to Blue Sky Family Health Team social work services. We hope that your time here is useful and pleasant. The purpose of this letter is to provide some important information regarding our work together. Please feel free to ask additional questions at any time. Signing this letter will mean that you agree to, and understand the points outlined and that you are prepared to work together on your counselling goals.

Limits of Confidentiality:

You have been referred to social work services by your Family Physician or Nurse Practitioners, who is a member of the Blue Sky Family Health Team (BSFHT). The BSFHT is comprised of physicians, nurses, and interdisciplinary health professionals. The cost of our interdisciplinary health professional services is covered by the Ministry of Health and Long-Term Care, so we ask that you please be cautious with any missed appointments.

The BSFHT uses a computerized Electronic Medical Record (EMR) to maintain your chart. Team members have access to this electronic chart and may share information, as required, in order to facilitate your treatment. In addition, your physician will receive a copy of any note, assessment or report that we write. Also, some physicians have their staff, (nurse or administrative staff), review these reports as a matter of their office management.

Outside of the team, everything we discuss is confidential, unless you provide us with informed consent to discuss/release your information. There are 3 notable limits to confidentiality. We are obliged to make a report:

1. If you are at risk of harming yourself or others.
2. If we have any suspicions or reports of any abuse/neglect of a child under 16 years old.
3. If we or our records are subpoenaed by a court.

Role of Social Worker/ Role of Client:

Social Workers are helpers assisting individuals and couples to meet their psycho-social goals. We are not medically trained (psychiatrists), we do not prescribe medication, nor diagnose as per the DSM V. We do not do formal psychological testing (like psychometrists and psychologists), although, we may use screening tools such as the PHQ9 (screening for depression) or a Burns' Brief Mood Survey. Our role is to counsel people with depression, anxiety and other psychosocial issues, assisting in identifying goals; being a guide/support through self examination; and identifying/developing coping skills. This includes the assignment of 'homework' as a means of meeting the desired goals. This requires a strong commitment from those we counsel.

The Blue Sky Family Health Team is a teaching facility, which may include the presence of a student in patient care.

Sessions:

Family Health Teams provide comprehensive primary health care. As such, the services we provide are designed to be short-term and solution-focused; on average 4-6 sessions depending on your needs.

Cancellation Policy:

If you need to cancel an appointment, please provide us with 24 hours notice, if possible. BSFHT reception provides reminder phone calls 2 days prior to your appointment. If you prefer not to have reminder calls, please let us know.

After 2 cancellations or 2 ‘no-shows’, or 2 re-scheduled appointments or any combination of 2 missed appointments, we will discharge you and refer you back to your physician. We will also discharge you, if you say you will call to re-schedule an appointment and we haven’t heard back from you within 30 days.

Change of Social Workers:

Because counselling entails discussing personal issues, it is imperative that you feel comfortable discussing your issues with your social worker. If you are not comfortable working with the social worker you first see, you can request a change of social worker through the person you are already seeing, or through our administrative staff. We do request, though, that you share your reasons with your social worker as learning to resolve interpersonal issues may be needed.

Completion of Service:

We will figure out your goal(s) together, so service will end once you reach your goal(s); unless you decide to end the service sooner. We would appreciate it if you inform us that you have decided to stop treatment before your goal(s) have been reached.

I/we the undersigned, have read this letter, understand it, and agree with its terms.

Signature: _____ Date: _____
Client 1

Signature: _____
Client 2

Social Worker: _____