



Name:

ID#

Email:

Date

---

## STUDENT CLINICAL CONTRACT

We are charged with protecting the rights of our clients. The information that we obtain from clients is never to be discussed or removed from any of the FRC sites.

**PROTECTED INFORMATION INCLUDES BUT MAY NOT BE LIMITED TO:**

- the fact that the person is, or has been, or has never been a client;
- any information given to the Centre through administrative or clinical staff; and
- any personal data about the client

**CATEGORIES OF PROTECTED INFORMATION INCLUDE:**

- The Record- the actual clinical written record, audio/ video tapes and computerized information about the client.
- Informal Information- any communication of a clinician or student about a client that is not a direct representation of the record.

Clients control the release of information about them and must agree IN WRITTEN FORM to the release of information BEFORE it is released. The exception to this rule would be a situation where the client is a danger to himself or others, or, a court referred client whose records must be presented to the judicial system for verification of counselling. Additionally, court orders may require the release of information.

A breach of confidentiality and/or other unethical behaviour may result in your discharge from this program. Breaches of confidentiality and/or other unethical behaviour may also result in ethical and/ or legal charges.

I understand that unethical behaviour (see ethical guidelines) may result in my dismissal from Practicum, and possible dismissal from the CPSY program.

I affirm that I will follow all clinical policies to the best of my ability, and that a breach of this may result in dismissal from Practicum as determined by the Community or School Counselling Coordinator and the CPSY Director.

I understand that I must demonstrate good basic counselling skills (as determined by the Practicum Supervisor and School or Community Counselling Coordinator). I understand that a failing grade may result in my having to upgrade my counselling skills or other professional competencies as recommended by the Supervisor and Coordinator prior to re-enrolment in Practicum. I understand that I will not be permitted to enrol in Practicum more than two times.

---

I declare that I have read, understood and agree to the terms of this contract. I have read and will abide by the above statement of confidentiality, the CCA Code of Ethics, and the Clinical Manual. I understand these documents and agree to abide by these requirements.

(Print Name)

(Sign Name)

(Date)

**Practicum Student:** \_\_\_\_\_

**FRC Director:** \_\_\_\_\_