

THE SAFER FAMILIES PROJECT PARTICIPATION AGREEMENT

1. Orientation to Services

- I have received the Safer Families Program brochure.

2. Voluntary Participation

- I understand that my participation in the Safer Families Program is voluntary, and that I have the right to end my participation at any time.
- I understand that my participation with the Children's Aid Society may not be voluntary if there are child protection concerns.

3. Confidentiality and Exceptions to Confidentiality

- I understand that conversations with my Safer Families Program counselor are strictly confidential, with the following exceptions:
- ✓ If I am at risk to harm myself or someone else then the team needs to call on others to ensure everyone is safe.
 - ✓ If a child under the age of 16 years has been abused in the past, or is in need of protection now from physical or sexual abuse, serious emotional abuse, or neglect. This includes times when a child is being exposed to violence or abuse in their home. It also includes times when an adult says that they were abused as a child, and the person who abused them might still be dangerous to children now.
 - ✓ If a judge orders information from my sessions to be released during legal proceedings. Files can be subpoenaed and family counselors and Children's Aid Society workers may be required to testify in court.
 - ✓ If I give my permission in writing to disclose my information.
- I understand that the team of the Safer Families Program consists of staff from Catholic Family Services of Durham, and the Durham Children's Aid Society. I understand team members may speak to one another about my situation for the purposes of consultation and coordination of services

Client name (print)

Signature

Client name (print)

Signature

Children's Aid Society Worker (print)

Signature

Safer Families Counselor (print)

Signature

Date: _____