

**Confidentiality Statement:**

The Counselling Centre at Centennial College is committed to providing an environment that respects the rights of its students, including the right to privacy. The Counselling Centre will collect, use and share your personal health information in order to provide you care for your mental health, and academic and career success. Information is collected, used, maintained, disclosed, and disposed of in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA, R.S.O. 1990) and the Personal Health Information Protection Act (PHIPA, 2004).

**Express Consent to Share and Collect Your Personal Health Information:**

The Counselling Centre agrees to keep your information safe and secure. Your written or verbal consent must be obtained in order to collect your personal health information or to share it with anyone outside of the Counselling Centre.

**Limits to Confidentiality:**

There are limits to protecting the privacy of your personal health information. Personal health information may be disclosed without your consent in the following situations:

- If there is a clear and imminent risk of harm to self or others
- In a medical emergency
- When there are reasonable grounds to suspect that a child under the age of 16 is being abused or neglected
- When there are reasonable grounds to suspect sexual abuse by a regulated health professional
- In order to comply with a court order (subpoena, summons or warrant)

**Accessing Your Record and Making Amendments to Your Record:**

You may request access to your record, a copy of your record, or that any errors contained in your record be corrected. Requests are to be made in writing to the Director of Career and Counselling Services. Please allow up to 10 business days for your request to be processed.

**Storage and Disposal of Your Counselling Record:**

Your record will be kept for 10 years from the date of your last interaction with the Counselling Centre. After this period, your record will be destroyed in a secure manner.

*By signing below, you acknowledge that you have read this form and have had the opportunity to have your questions answered by a Counsellor or Case Manager.*

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
*(Please Print)*

Student Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
*(mmm/dd/yyyy)*

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_