**Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**File Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT ASSISTANCE PROGRAM**

**Statement of Understanding**

Aspiria Corp. offers assessment, short-term counselling and referral services to you, your spouse and your eligible dependents through its Student Assistance Program (SAP). The number of counselling sessions you receive is determined by your counsellor according to your presenting problem and the counselling model purchased by your academic institution. The SAP will not advocate on your behalf in school-related matters, or personal legal issues.

**Length of Counselling and Fees:**

* SAP services are provided to you at no cost and are totally funded by your academic institution.
* You may require longer-term counselling or specialized service or treatment beyond that which is provided by the SAP. In these situations, your SAP counsellor will provide assistance in locating an appropriate outside resource in the community and follow-up with the outside community resource to ensure a smooth transition of service.
* Charges for services provided by any outside community resource are your responsibility. Sometimes the cost of such services may be covered by other benefit plans through which you are registered.

**Note:** Sometimes the cost of such services may be covered by other benefit plans through which you are registered.

**The cornerstone of SAP is confidentiality.** We bring to your attention the Canadian Federal legislation known as Bill C-6 Personal Information and Electronic Documents Act (PIPEDA). The focus of this Act is to protect the privacy rights of individuals concerning the collection, use and disclosure of their personal information. We are committed to collecting, using, and disclosing your personal information responsibly. All SAP personnel who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate uses and protection of your information

**All discussions with your counsellor or records of your use of the SAP are confidential and will not be shared with your school, other family members, or any other person or organization outside the SAP Program except as outlined below:**

1. You consent in writing;
2. Required by law or in a situation that may be deemed as potentially life threatening by your SAP;
3. Required by law include situations involving child abuse or directed threats of violence against others or self;
4. If records get subpoenaed by the courts;

**Late Cancels/No Shows:** If you are unable to keep your appointment it is important that you give us a minimum of 24 hour’s notice. Failure to do so will result in the loss of a session.

**Satisfaction Survey.**  As part of quality assurance, I authorize Aspiria Corp. (SAP) to contact me to survey my satisfaction with the services I received.

In no event will Aspiria Corp be liable for indirect, consequential, exemplary, incidental, special, punitive, or aggravated damages. The limitations on liability in this paragraph shall apply irrespective of the nature of the cause of action, demand or claim, including breach of contract (including fundamental breach), negligence, tort or any other legal theory. For greater certainty, in no event shall HumanaCare be liable in respect of any third-party claims.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand this form and accept it as the terms of

Print Name

my participation in the program.

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Client/Parent or Guardian Date

Signature

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Witness Name Witness Signature

(Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check here if copy given to client

Date