



Client # \_\_\_\_\_

**FAMILY SERVICE THAMES VALLEY - CREDIT COUNSELLING PROGRAM**  
**Client Rights & Confidentiality Statement & Consent Form**

Welcome to Credit Counselling Thames Valley. We commend you for taking what might have been a difficult step, by seeking counselling regarding your financial situation. We hope that we can be of assistance to you.

Credit Counselling Thames Valley has been serving the area since 1967. We are an accredited member of the Ontario Association of Credit Counselling Services (CACCS) and, as such, adhere to its standards and guidelines. The CACCS Accreditation Committee reviews our policies and procedures on a regular basis to ensure that we continue to meet these standards. We are a not-for-profit agency. Our funding comes from sources including private donations and service fees.

All information you give us is kept strictly confidential and is protected in accordance with Canada's *Personal Information Protection and Electronic Documents Act* (PIPEDA). Other than confirming that you have kept your appointment; (if asked); we will not release any information regarding your file without obtaining your written authorization (unless required by law). This includes personal information as defined in PIPEDA. By signing this document you consent to the collection of your personal information including details of your financial history. You also consent to its use by the Agency to open and maintain your file and to help in the assessment of your financial situation and other administrative purposes which might include: Communicating with the Canadian Association of Credit Counselling Services for general research and reporting requirements. This data is presented in aggregate statistical form only, and no information is released that could be used to identify a specific client.

You understand that our data management system is in cooperation with Credit Canada Debt Solutions who are contracted to run this system and help manage our Debt Management Programs. Credit Canada Debt Solutions is an CACCS member in Toronto, Ontario. Communication via email cannot be guaranteed as confidential. We strongly discourage sending of time sensitive or crisis related information using email.

You have the right to review your file in the presence of your Counsellor or the Agency's Privacy Officer, and request that any incorrect information be corrected. You also have the right to file a complaint about the services rendered by the Agency, or to appeal a decision you consider unsatisfactory. Further information regarding these processes is available from our staff.

You understand that if you do not enter a Debt Management Program your file will be retained for two years. If the Agency disburses funds on your behalf to your creditors; your file will be retained for seven years from the date of the final disbursement.

- If you are an Ontario Works recipient the cost of your counselling will be billed to OW *who will be advised of the start/completion dates of counselling and the number of sessions attended*. This information may be shared with Daya Counselling Centre, our service partner. No information about the content of your counselling will be shared with anyone without your specific written consent.
- As a client sponsored by Social Services and Housing of Oxford County, the cost of your counselling will be billed to Community Services and Housing, *who will be advised of your dates of services, appointments attended or non-attendance*. No information about the content of your counselling will be shared with anyone without your written consent.
- If you are an fseap client the cost of your counselling will be confidentially billed to your employer with no identifying information.
- Demographic information is collected and reported to funders in an aggregate non-identifying format

Complaints or concerns can be directed to Family Service Thames Valley's Executive Director at [ed@familyservicethamesvalley.com](mailto:ed@familyservicethamesvalley.com) or by contacting 519-433-0159 x 8106.

I/We have read and understand the above information, and hereby agree with the terms presented above regarding the collection, use and release of my/our personal information. I/We agree to provide full disclosure regarding my/our financial situation, including all debts and all sources of income.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_ \_\_\_\_\_ provided/declined copy of confidentiality agreement (circle one)

London - Rev. November 7, 2016



ACCREDITED NOT-FOR-PROFIT CREDIT COUNSELLING AGENCY