1320394 Alberta Ltd. a.k.a. Dreamcatcher™
53044 RR #213 Ardrossan, Alberta, T8G 2C4
Ph: (780)-809-1047 Fax: (780)-809-1046
info@dreamcatcherassociation.com
www.dreamcatcherassociation.com

Dependent EMDR Assent Form

I have been told that EMDR is a way of helping people work through big feelings and yucky memories or ideas. I have also been told that EMDR is an extensively researched method of dealing with yucky memories or ideas.

My therapist has told me that EMDR can help people to feel better.

When I try EMDR I have been especially told that:

A) Sometimes my feelings will get really big during EMDR
B) Sometimes after EMDR I might remember other yucky memories.
C) Sometimes, way after the EMDR, I still might get dreams or flashbacks or new memories.
D). EMDR has never been known to cause any harm in any way to anyone

My therapist and I have talked about all these things before trying out EMDR.

I am going to try out EMDR because I choose to. I know that I can stop the EMDR session whenever I need to and that nothing will happen to me if I want to stop. I know that I can tell my therapist how and what I feel about EMDR or about anything else.

_____	_____	_____
Child/Youth/Dependent's Name	Child/Youth/Dependent's Signature	Date
_____	_____	_____
Parent or Guardian's Name	Parent or Guardian's Signature	Date
_____	_____	_____
Therapist's Name	Therapist's Signature	Date

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Dependent Written Assent For Counselling Form

I, _____, agree to meet with my therapist, _____, starting on _____.

_____ Initial — I understand that my parent(s)/guardian(s) has the right to know how I am doing in therapy. I agree that my therapist may talk with my parent(s)/guardian(s) to discuss how I am doing. They may also talk about concerns and worries they may have about me, or about things my therapist and I decide that they need to know about. Sometimes my therapist may meet with my parent(s)/guardian(s) without me. At other times we may all meet.

_____ Initial — The things I talk about with my therapist are private. I understand the therapist will not tell others about the specific things I tell him or her. He or she will not repeat these things to my parent(s)/guardian(s), my teachers, the police, probation officer, or agency employees, but there are exceptions. Because of the law, my therapist will tell others what I have said if I talk about killing myself or planning to hurt someone else; if I am being hurt by anyone; if court is involved my therapist may be subpoenaed and required by law to speak about what I have said.

_____ Initial — I understand that sometimes I may not feel good about what we may talk about. I may feel uncomfortable because I don't know my therapist very well, I may feel embarrassed, or things may make me angry or sad. The meetings may also interfere with doing other things which I enjoy more, however, I also understand that coming to therapy should help me feel better in the long term. I may find that I can talk about things that I can't talk to others about, that I may learn new things about myself and others, that I may learn better ways of handling my feelings or problems and that I may come to feel better about myself.

_____ Initial — I understand that I will be working outside with animals and that animals are sometimes unpredictable. Things could happen that are not pleasant, like I could fall in the mud or an animal might act in ways that are scary. I know I can trust my therapist to keep me safe if these things happen.

_____ Initial — In the event that something happens to me and I am hurt or sick, by signing this form, my parent(s)/guardian(s), give permission for qualified Dreamcatcher™ staff to give me first aid or CPR, or have an ambulance take me to the nearest hospital if necessary.

_____ Initial — Any time I have any questions or am worried about things that are happening in therapy, I know I can ask my therapist. He or she will try to explain things to me in ways that I can understand. I also know that if my parent(s)/guardian(s) has any questions, my therapist will try to answer those questions as well.

_____ Initial — My signature below mean that I have read this agreement, or have had it read to me, and agree to act according to it.

_____ Initial — I understand there may be times where my sessions will be video/audio recorded, or observed by a supervisor, student, or another Dreamcatcher™ therapist for educational purposes. I am acknowledging and assenting to this extension of confidentiality by placing my initials at the start of this paragraph. At any time, I understand that I may revoke my consent to be video or audio recorded by advising my therapist of my decision.

My acknowledgement & assent to this process is free from pressure or influence from any person or entity and can be cancelled at any time. This assent is only effective until the file is terminated.

_____	_____	_____
Dependent's Name	Dependent's Signature	Date
_____	_____	_____
Parent or Guardian's Name	Parent or Guardian's Signature	Date
_____	_____	_____
Therapist's Name	Therapist's Signature	Date

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Acknowledgement & Consent for My Dependent to Participate in Therapy

I/We, _____, guardian(s) or parent(s) of, _____, give my (our) permission for my/our dependent to participate in therapy/assessment/intervention at Dreamcatcher™.

____ **Initial**	I understand there may be times where my dependent will be observed/consulted about by a supervisor, or another Dreamcatcher™ therapist (anonymously)
____ **Initial**	I understand there may be times where my dependent will be video/audio recorded for educational and training purposes. At any time, I understand that I may revoke my consent to have my dependent video/audio recorded.
____ **Initial**	I understand there may be times where a therapy student may attend and observe my dependent's session. This will only happen if I provide my consent for it ahead of time. At any time, I understand that I may revoke my consent to have a therapy student attend and observe my dependent's session.
____ **Initial**	I understand that all files are kept at Dreamcatcher™ for a period of 10 years and may be reviewed by the Dreamcatcher™ Executive Director at any time for a variety of possible reasons.

Information shared with Dreamcatcher™ Therapists will be done anonymously and held in strict confidence.

My acknowledgement & consent to this process is free from pressure or influence from any person, or entity, and can be cancelled at any time. This consent is only effective until the file is terminated.

_____	_____	_____
Parent or Guardian's Name	Parent or Guardian's Signature	Date
_____	_____	_____
Parent or Guardian's Name	Parent or Guardian's Signature	Date

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Information Release Form

I, _____, hereby authorize Dreamcatcher™ to release and exchange information about:

☐ Myself

☐ _____
(name of client)

My relationship to this person is: _____

Information is to be released to the following persons:

_____

Such information may include, but is not limited to:

_____

_____

_____

This information will be used for, but is not limited to:

_____

_____

_____

Signature of client or guardian: _____

Date: _____

Witness: _____

If you have any questions about this release of information, please contact our office at (780) 809-1047 ext 1. Please return completed form by fax to (780) 809-1046, by email to info@dreamcatcherassociation.com or by mail to Dreamcatcher™, 53044 RR #213, Ardrossan, Alberta T8G 2C4

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Consent for My Dependent/Myself to Participate in Telepsychology Due to Extenuating Circumstances

I, _____, hereby authorize Dreamcatcher™ to conduct psychological sessions via online telepsychology with:

☐ Myself

☐ _____
(name of client)

My relationship to this person is: _____

The World Health Organization has announced a global pandemic in response to COVID-19. In order to ensure our clients continue to have mental health counselling services available, we would like to offer sessions online. This aligns with the position held by the Psychologists Association of Alberta in supporting/promoting telepsychology as an option as a means of reducing the risk of exposure for both clients/providers.

Doxy.me is a private and secure service that offers online telepsychology between therapists and patients and is recommended by both the College of Alberta Psychologists and the Psychologists Association of Alberta. All data is encrypted, sessions are anonymous and confidential, and none of the information from sessions is stored or recorded. Doxy.me adheres to HIPAA, PIPEDA, and GDPR data privacy requirements.

Sessions will be billed accordingly, however there is no additional cost to utilize Doxy.me.

Signature of client or guardian: _____

Date: _____

If you have any questions about this release of information, please contact our office at (780) 809-1047 ext 1. Please return completed form by fax to (780) 809-1046, by email to info@dreamcatcherassociation.com or by mail to Dreamcatcher™, 53044 RR #213, Ardrossan, Alberta T8G 2C4

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COVID-19 In-Person Dependent Consent Form

I/We, _____, guardian(s) or parent(s) of _____, give my (our) permission for my/our dependent to meet with a Dreamcatcher™ therapist at their facility for the purpose of receiving psychological services.

I/ We understand that Dreamcatcher™ has taken every recommended COVID-19 health precaution and is following all requirements set out by the Government of Alberta. The protections include regular cleaning, maintaining two metres distance, partitions between clinician and client when necessary, and the availability of personal protective equipment (PPE).

By agreeing to meet at the Dreamcatcher™ facility, I/ We confirm that:

1. I/We am/are aware of my/our dependent risk of being exposed to severe acute respiratory syndrome coronavirus (COVID-19) while attending a session at Dreamcatcher™.

2. I/We accept and acknowledge that my/our dependent could be exposed to COVID 19 through the following means:
   A. Their physical presence at the facility;
   B. Their interactions with other patients or members of the public who are present at the facility at the time of their attendance;
   C. Their interactions with staff or other professionals at the facility; or
   D. Their physical touching of any equipment or fixtures in the facility.

3. I/We understand that Dreamcatcher™ is taking every precaution, including but not limited to:
   a. Requesting anyone not receiving services stay in their vehicle while their dependents are in session
   b. Continuously wiping down the office with disinfectant when clients have been inside the office
   c. Providing hand sanitizer in all areas of the building and out buildings, and encouraging all clients to use it and to wash their hands upon arrival and exit of the Dreamcatcher™ office
   d. Providing PPE upon request to all attendees of the program
   e. Therapists and in-office staff wearing PPE when working inside public buildings in the presence of clients and their support staff;
   f. Therapists maintaining physical distancing while working both indoors and outdoors with clients and their support staff.

4. I/We understand that I/we can request my/our dependent to remain outdoors for their sessions and engage in nature based or animal assisted therapy.

5. While receiving services, the therapist may need to be physically closer to my/our dependent than the recommended social distancing guidelines in order to assess and/or treat them. If that is the case,
   a. The clinician will wear PPE if I/we or my/our dependent request(s) it
   b. The client can request we supply PPE or use their own PPE.

I/We acknowledge that I/we have had sufficient time to read this document and fully understand the risks as described above. I/We confirm that I/we am/are willing to accept these risks for my/our dependent as a condition of in-person attending at the facility to receive psychological services from Dreamcatcher™. I/we confirm that any questions that I/we had regarding the provision of the services during the COVID 19 pandemic have been answered by the therapist.

Guardian / Parent Name:_____Signature: _____ Date:_____

Guardian / Parent Name:_____Signature: _____ Date:_____

The information for Consent Form was written by Kells Counselling and modified for Dreamcatcher™ Nature Assisted Therapy.
Thank you Kells Counselling for permission to utilize and share this information.

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ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

For Participants Under the Age of Majority or Dependents Above the Age of Majority in the Province or Territory in which the Equine and Nature-Assisted Activities are provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this Waiver Prior to Dependents Participating in Animal and Nature Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of 1320394 Alberta Ltd a.k.a Dreamcatcher™ Nature Assisted Therapy a.k.a Dreamcatcher™, its directors, officers, employees, volunteers. Without limiting the generality of the foregoing, "Animal and Nature Activities" include but are not limited to interacting with large animals including equines, interacting with a variety of farm animal species, riding equines, being in a farm environment, nature walks, skating, tobogganing, nature crafting or building in nature, hay rides and animal training provided by the "Host" to the Dependent Participant with the intention of assisting the dependent participant in their therapeutic treatment goals.

Initial Each Item Below After Reading and Understanding Each Item:

_____1. I am the Parent/Guardian of the Dependent Participant and am executing this waiver on behalf of the Dependent Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Dependent Participant for all legal purposes.

_____2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Animal and Nature Activities" and that injuries resulting from these "Risks" can occur. I am aware that the "Risks" of "Animal and Nature Activities" mean those dangerous conditions which are an integral part of "Animal and Nature Activities", including but not limited to:

(a) the propensity of any equine, ruminant, canine, feline or fowl to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;

(b) the unpredictability of an equine, ruminant, canine, feline, or fowl's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and

(c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine, ruminant, canine, feline or fowl; and

(d) the potential for participants to fall over or off of obstacles, from equines, or from moving vehicles that may be found in a nature setting.

(e) the potential to be at greater risk of illness or infection while working in an outdoor setting or with any equine, ruminant, canine, feline, or fowl, particularly for persons with auto-immune deficiencies.

(f) the potential to be at greater risk of illness or infection while working with animals while pregnant.

(g) the potential for wildlife encounters and the unpredictable nature of such animals.

_____ 3. All pregnant visitors to Dreamcatcher™ will refrain from: entering the fowl coops or touching eggs; riding or mounting equines; strenuous or over-extending work, activities or demonstrations; being near animals that have recently given birth; being near cat litter boxes or feces.

_____ 4. I fully assume responsibility for all "Risks" of personal injury, death, property damage or loss resulting from the Dependent Participant's behavior while participating in "Animal and Nature Activities".

_____ 5. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Animal and Nature Activities", it is not possible for the "Host" to make the "Animal and Nature Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Dependent Participant.

_____ 6. In addition to consideration given to the "Host" for the Dependent Participant's participation in "Animal and Nature Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the

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Dependent Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:

(a) to waive all claims that the Dependent Participant has or may have in the future against the "Host";
(b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss that I, the Dependent Participant, or "Legal Representatives", might suffer as a result of the Dependent Participant's participation in "Animal and Nature Activities" due to any cause; and
(c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of any way connected with the Dependent's participation in "Animal and Nature Activities".

_____ 7. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Animal and Nature Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Animal and Nature Activities" are provided by the "Host".

_____ 8. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Dependent Participant, and it is binding on myself, the Dependent Participant and our "Legal Representative".

Please Print Clearly

Program Participant's Name_____ Date of Birth _____

Complete Address_____

Caregiver Name _____ Caregiver Phone Number _____

Parent/Guardian's Name _____ Date of Birth _____

Complete Address _____

Parent/ Guardian Phone Number _____

_____ _____
(Signature of Parent/Guardian of Program Participant) Date Signed

_____ _____
(Print Name of "Host" Witness to Signing and Initialing) Date Signed

_____
(Signature of "Host" Witness)