



WILP SI'SATXW COMMUNITY HEALING CENTRE

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CONSENT FOR TREATMENT

I, _____ (name of client), agree to enter the Wilp Si'Satxw Society Community Healing Centre, P.O. Box 429, Kitwanga, B.C. V0J 2A0 for the purpose of treating my alcohol/drug dependency problem.

I understand for the client and staff to work effectively, the treatment program will include:

- Counseling assessments
- Spiritual, physical and psychological development
- Group therapy sessions/talking circles
- Contact with referral sources
- Maintenance of confidential client records as stated in the Alcohol and drug Commission Act of British Columbia.
- I understand that if I need medical attention, I will be attended to by the proper personnel and/or transferred to an appropriate facility.
- I understand that treatment is a continuum. Therefore, I agree to be involved with aftercare.
- I understand the explanation of the above points and the above-named agency's program and guidelines and I, there for consent to undergo treatment at Wilp Si'Satxw.

Comments: _____

Client's Signature

Date

Parent or Guardian Signature (if applicable)

Phone No.

Witnessed by (this may be referring person or assessor)

Date: