

## Professional Disclosure Form

### 1. INFORMATION OF MY VOCATIONAL PRACTITIONER

**1.1 Name of vocational practitioner: Diana Vissers**

**1.2 Work to Wellness Rehabilitation Inc.  
12416 Davenport Drive  
Maple Ridge BC V2X 8X2  
Email: [diana@worktowellness.com](mailto:diana@worktowellness.com)**

**1.3 Scheduling arrangements:**

All meetings must be scheduled; however, when traveling to the appointment it is difficult to assess travel times and other unforeseen delays. I will do my best to be at the appointment, but request your understanding if delayed. I will contact you if the delays are beyond a reasonable time. Cancellations of appointments require 24 hours notice except for emergencies, please call as soon as possible with any appointment changes. You are welcome to telephone me and leave me a message at any time. I will return your call as soon as possible. If in the event you feel you require emergency services or if you are in an emotional crisis, you should report to emergency at your local hospital. Crisis centres for persons in emotional crisis are available. The front page of your telephone directory lists the centre that covers your geographic area.

**1.4 What are my qualifications?**

My qualifications are: M.A Disability Management, C.V.R.P (Diplomate), Registered Rehabilitation Professional, Bachelor of Arts degree (Psychology)

**1.5 What are my areas of expertise?**

My areas of expertise are: Vocational Rehabilitation, Return to work Planning, Rehabilitation Planning, special interest in mental health. Extensive experience in both physical and mental health rehabilitation planning.

**1.6 What guidelines do I follow for my professional conduct?**

Vocational Rehabilitation Association (VRA) of Canada has standards of practice which includes a professional code of ethics which I must adhere to. I am a professional member of the VRA I am also a member of the College of Vocational Rehabilitation Professionals. My professional standards of practice state that I work for **you** and will provide services that at all times respect your needs. There may be times when your needs are outside what your funder is obligated to provide to you. You can expect me to provide you with alternatives and review with you the possible consequences or ramifications of your choices. I will however, continue to support your right to make your own choices.

**1.7 Once I start these services, what do I do if I want to complain about the way I get treated?**

In the event that you are dissatisfied with my services for whatever reason, please let me know. If I am not able to resolve your concerns, you may report your complaints to the referring agency. Additionally you are able to report a complaint about my conduct to the College of Vocational Rehabilitation Professionals.

**2. INFORMATION ON VOCATIONAL REHABILITATION SERVICES**

**2.1 What will be done with me, and what kinds of services will I receive?**

This may include one or more of the following: vocational assessment, career exploration, return-to-work planning, job development and placement, or case management.

**2.2 What is the time frame for these services?**

The length of services will be based upon several factors such as funding, your health situation and abilities, and your progress.

**2.3 If I start, can I change my mind and drop out? What are the consequences if I decide to drop out?**

Your participation is totally voluntary. You may refuse to participate or withdraw from my services at anytime, however, your funder may have requirements on your active participation in services and failure to participate could result in a reduction or conclusion of your benefits. If you have concerns regarding this please ask me about it.

**2.4 What are my responsibilities during this process?**

You are a full partner in this vocational process. Your honesty and effort is essential to success. If as we work together you have suggestions or concerns, I expect you to share these with me so that we can make the necessary adjustments.

**2.5 What Communication occurs with your employer?**

Your Vocational practitioner may provide non-medical information to your employer such as return to work timelines and/or plans, accommodation needs and/or adjustments to your work/place that may be required. Your Vocational practitioner will communicate with you about specific information that is shared.

### **3. CONFIDENTIALITY**

#### **3.1 What will happen to the information that is collected on me?**

One very important part of your relationship with me is confidentiality. Personal information may be discussed and placed in your file. However, I will do my best to keep personal information that is not related to your rehabilitation out of your file. During the course of service provision, all records will be kept private except as follows:

- If a third party (i.e. insurance company) is paying for services, records may be provided to that party. You will be asked to sign a release of information form that tells you in advance who will be receiving your records.
- If I believe you are going to harm or endanger yourself or others, I am required to notify the endangered individual(s) and the proper authorities.
- If I suspect a child is being abused or neglected.
- If I receive a request for information from another party. If so, you would have to sign a release of information form before your records will be released. That signature is voluntary.
- If I receive a subpoena.
- If you are a minor or not your own legal guardian, then the information in your file may be available to your legal guardian or advocate.
- Including information such as discussions regarding your case will be held during team meetings and/or consultations with my supervisor. If I plan to discuss your case in a team meeting and /or consult with anyone in your team. I will inform you.

#### **3.2 Will I be able to see my records and get copies?**

Copies of my vocational reports that I write for your fee payer are available to you. You may contact the fee payer directly and follow their process for information release. Sometimes the information in the report is sensitive and if another agency or individual requests a copy of the report, that agency will need to get you to sign a release of information.

#### 4. DOCUMENTATION OF CONSENT

##### *CONSENT FOR INFORMATION RELEASE*

I \_\_\_\_\_ authorize **Diana Vissers** of *Work to Wellness Rehabilitation Inc.* to obtain and review copies of relevant documentation as provided by the fee payer. I understand that *Work to Wellness Rehabilitation Inc.* will share relevant information with the following parties involved in my rehabilitation for the purpose of providing appropriate assistance. Work to Wellness Rehabilitation may also receive and gather information from the following parties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the Professional Disclosure Form. **Diana Vissers** has discussed with me and told me about the rehabilitation process, and answered my questions. I understand the meaning of this information

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date:

I have provided \_\_\_\_\_ with information of the rehabilitation process, which in my opinion is accurate and sufficient for her/him to understand fully the nature, risks, and benefits of vocational rehabilitation, and the rights of the consumer. There has been no coercion or undue influence. I have witnessed the signing of this document and have provided a copy of this document to the consumer.

\_\_\_\_\_  
Diana Vissers MA, CVRP(Diplomate), RRP  
Occupational Health Consultant