**CAREGIVER CONSENT TO THERAPY FOR CHILDREN 12 YEARS OF AGE & UNDER**

Services for children 12 years of age and under require consent from **any and all** legal guardians.

### Confidentiality

Information that parents and children reveal is treated as highly confidential, with the following rare exceptions. If someone is a serious danger to someone’s life or if a child is being abused, the counsellor is legally required to report these. If the counsellor subpoenaed to appear in court or documentations are subpoenaed, the counsellor must comply with the subpoena. The counsellor will provide information about your child to another professional if you request this. The counsellor may choose to consult with another professional to aid in the work with your child in which case the use of information that could identify you or your child would be avoided.

When the counsellor works individually with a child in therapy, the counsellor endeavours to provide caregivers with relevant information about professional impressions of your child’s psychological functioning, information regarding progress your child is making in therapy, and recommendations for what you may do to facilitate your child’s progress. However, it is important that the child have the freedom to express him or herself in the therapy sessions with the knowledge that the specific details of what he or she says or does will remain confidential and not be revealed to anyone. The counsellor will certainly inform you about anything that is important to ensure your child’s safety or well-being.

**Children of Separated or Divorced Parents**

In cases where parents are separated or divorced, court rulings regarding custody or guardianship may limit the rights of one parent to take a child to see a counsellor without the consent of the other. *In signing this consent to treatment you are agreeing that you either have the agreement of the other parent to bring your child to therapy or that you have the legal right to bring your child for therapy without the other parent’s consent.*

In cases where children may experience distress, the counsellor’s primary interest is to act in the best interest of the child(ren).

* We will not put the child(ren) in positions where they feel they have to speak out against one of their caregivers.
* If there are concerns this needs to be reported to the Ministry of Children and Families.
* We do not provide ‘assessments’ for Family Court
* We will not provide letters that are critical of the other caregiver’s parenting.

*By signing this consent, I understand and accept the above information and confirm I am legally entitled to provide consent to child therapy.*

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

Parent’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_