

## Parental Consent Form

I agree to my child receiving counselling and have read and agreed wit and Ethical Guidelines (attached).	h the Counselling Policy
Child's Name:	
Name of Parent / Carer:	
Name of GP:	
GP Address:	
Parent /Carer's Signature:	Date:
Any comments you wish to make regarding your child's particular need	
Parent /Carer's Signature:	Date:



## Counselling Policy and Ethical Guidelines

- 1. The initial Counselling session will last 45 minutes. Each further counselling session will last 50 minutes.
- 2. Fees for the Initial session are £30 and each further session will be £50. BACS or cash payments are accepted.
- 3. If you have to cancel a session or are unable to attend for any reason, please give 24 hours' notice or the session will be charged in full. You will not be charged for any session that I need to cancel.
- 4. The number of sessions required may vary from client to client.
- 5. Limits to confidentiality : I abide by the Code of Ethics of the British Association of Counselling & Psychotherapy (BACP) and the Children's Act of 1989. I am committed to providing a confidential service to all my clients, except under the following circumstances:
  - At prescribed intervals I will discuss my work with a clinical supervisor, this is a requirement of the BACP and is a good standard of practice, however client details are not disclosed.
  - If there is evidence of probable danger to the chid, e.g. when a child has made a disclosure in the therapy session and is viewed to be at risk, we are ethically bound to disclose this to the appropriate body e.g. your GP.
  - If I believe the child is at risk of harming themselves or others, I reserve the right to break confidentiality in order to prevent harm. However I would only do this in extreme circumstances and would always endeav our to discuss this with you first before taking action.
- 6. Brief notes may be made which will be kept securely and are encoded, these will be destroyed after a suitable interval.