



Informed Consent for Adolescent/Child Therapy Services

Gita Ward, BA, MSW, RCSW

WWW.TrueLivingCounselling.com

Truelivingcounselling@gmail.com

(587) 896-6919

#240 158 Southbank St.

Okotoks, AB. T1S 0G1

Welcome to my private practice. This document contains important information about my professional services and business policies. Please read it carefully and make note of any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

Risks and Benefits

Counselling for adolescents/child can have benefits and risks. Since therapy often involves discussing unpleasant aspects of one's life, your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Working through difficult emotions can sometimes lead to an increase in difficult behaviours before the adolescent/child is able to utilize new skills or fully integrate their experiences. On the other hand, counselling has been shown to have benefits for individuals who go through it. Therapy can lead to better relationships, solutions to specific problems, significant reductions in feelings of distress and improved self-esteem. But there are no guarantees of how an adolescent/child will respond. Adolescents/children are unique and holistic beings that sometimes require assistance and support in order to grow and develop to their fullest potential. Counseling can often be beneficial for adolescents/children and their families.

Confidentiality

Counsellors who work with adolescents/children have the difficult task of protecting the adolescent's/child's right to privacy while at the same time respecting the parent's or guardian's right to information. Therapy is most effective when a trusting relationship exists between the counsellor and the adolescent/child. Privacy is especially important in securing and maintaining that trust. In my practice, I provide individual counseling to adolescents/children and ensure the caregiver/parent is involved in the process through consultation with them. At times, the parent/caregiver may even participate in the sessions. However, to ensure a child's privacy I will not provide detailed information to the parent/caregiver regarding what the child shared unless the child provides consent. Instead, general themes, ideas and recommendations will be provided as well as support and encouragement to the parent/caregiver. If it is necessary to refer your child to another mental health professional with more specialized skills, I will share that information with you.

Other areas of confidentiality will be discussed during the first session with the child/adolescent in the presence of their parent/caregiver to ensure complete understanding and agreement prior to the initiation of counseling.

Revoking Consent

Both you and your child/adolescent may end the counseling relationship at any time, without penalty or prejudice (with the exception of late cancellations/no shows as identified on the consent for treatment form). While free to discontinue services at any time, it is preferable to have a closing session or phone call, to ensure the adolescent/child understands that counseling is ending and to provide an appropriate closure to the experience. You may also have the right to refuse or discuss modifications of any of my counseling techniques or suggestions that you believe may be harmful.

Fees, Payment and Cancellation

Fees are \$200 per 50-minute hour, based on the recommendations of the Psychologists’ Association of Alberta. Clients will be charged an appropriate fee for any preparation time that is required to comply with informal or formal requests, case conferences and extended phone calls or e-mail responses. Clients are solely responsible to seek reimbursement from their insurer unless a third party has taken responsibility for payment. Clients needing to cancel or change an appointment are required to provide twenty-four hours notice. The client will be charged a \$100.00 cancellation fee if 24 hours notice was not provided.

Acknowledgment and Consent

By your signature below, you are indicating that you read and understood this consent form or that any questions you had about this consent form were answered to your satisfaction.

Consent for Treatment of Minors: I/we consent that my adolescent/child under the age of 18, _____ (name of child) may be treated as a client by Gita Ward at True Living Counselling. This form is in effect until _____ (date) or until 24 months after the consent was given. Consent can be revoked at any time.

I affirm that I am the legal guardian of (name of child/adolescent) _____ Date of Birth (child/adolescent) _____

Parent or Guardian’s name (please print) _____

Parent or Guardian’s Signature _____ Date: _____

Parent or Guardian’s name (please print) _____

Parent or Guardian’s Signature _____ Date: _____