

# client informed consent

## INFORMED CONSENT

The purpose of this form is to share some important principles which guide my therapeutic practice, so that your decision to place your child/young person into therapy with me can be based on accurate, informed expectations. Please read this carefully and feel free to ask any questions if you need further clarification.

## THERAPY

Therapy is a process, which relies heavily on building a trusting relationship between the therapist and client. The time that this process takes, for a person to feel ready to open up and for the therapist to understand what the client is struggling with, can vary depending on the individual. It is important that the process is navigated at a speed which feels comfortable and safe for the client.

## CONFIDENTIALITY

Privacy and confidentiality are essential for the building of trust in the therapeutic relationship. Younger people need to feel free to discuss issues that affect them and often this will be about their relationships. Sometimes this will include their relationship with their parent/carer. Conversations will always be confidential unless there is a safeguarding concern. If, at any point, the young person is in danger, either through their own actions or potential actions, or those of others, confidentiality will be broken.

## DATA PROTECTION

I am obliged to collect certain data: name, date of birth, address, GP and number of the parent/carer. I store notes securely and keep them for 7 years (CNHC Guidance) when they will be destroyed.

## CONSENT

By signing below, you are indicating that you give your permission for your child/young person to be in therapy with Cherie James (Therapist) and that you have read and understood this consent form.

For clients over 13 years old, please ask them to sign also.

Name of Client: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_  
(if over 13 years old)

Parent/Carer Name: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_