

Child and Adolescent Informed Consent for Counselling Services

Psychological counselling focuses on improving one's sense of well-being and alleviating feelings of distress. This might include assessment, diagnosis, and treatment of psychological symptoms. Or this might include working toward making changes in life, solving problems, improving relationships, gaining greater self-understanding, insight, and awareness, improving coping and relaxation skills, or improving emotional, social, spiritual, work, school, or physical health. Together, we explore your feelings and concerns and work collaboratively toward achieving your goals.

Risks, Rights, and Information for Face-to-Face Counselling Services

1. All legal guardians have a right to provide or withdraw consent for the child or youth to engage in therapy at any time without affecting your/their right to further treatment. Legal documents may be required in order to authenticate legal guardianship. Your therapist will provide you with referrals to other services upon your request.
2. Participating in therapy can bring difficult feelings and experiences to the surface; this is a normal part of therapy, though this can be challenging. If you ever find yourself or your child in an emergency (e.g. considering suicide, violence, or self harm) outside of your appointment time, seek immediate attention by visiting your nearest hospital emergency room, or calling a 24/7 distress line (e.g. 310-6789, or 911).
3. Information shared with the therapist is kept strictly confidential and will not be released without your knowledge and consent, except when required by law. Confidentiality is not guaranteed in life-threatening situations involving yourself or others, if there is suspected potential abuse or neglect of children, or if information is subpoenaed by a court of law. This therapist adheres to the Canadian Code of Ethics for Psychologists, and laws and professional standards that apply to psychological services. See www.collegeofpsychologists.bc.ca for more information.
4. You are responsible to submit payment for any counselling services that you participate in. The fee per 50 minute therapy session is \$200, unless otherwise agreed upon by you and your therapist. You may pay for services by cash, check, credit card, or e-transfer sent to: silvia@deepseapsychology.com. When you make an appointment, your scheduled appointment time is reserved for you. If you need to cancel or change an appointment, please provide 24 hours' notice. Credit card information is kept on file to secure appointments and late cancellations or missed appointments may result in the full fee of the therapy session.

Child or Adolescent and Parent/Guardian Agreement for Meeting with My Therapist

1. I agree to meet with the therapist. When we meet, we may talk, draw pictures, play games, or do other things to help this therapist get to know me better. I understand that my parent/guardian has a right to know about how I am doing in therapy. I agree that this therapist may talk with my parent/guardian to discuss how I am doing. They may also talk about concerns and worries they may have about me. Or they may talk about things the therapist and I decide my parent/guardian needs to know about. Sometimes this therapist may meet with my parent/guardian without me. At other times we may all meet together.

2. The things I talk about in my meetings with the therapist are private. She will not repeat the specific things I tell her to my parent/guardian, my teachers, the police, probation officers, or employers, with two exceptions. First, if I talk about seriously hurting myself or someone else, this therapist will have to tell someone who can help protect me or the person I have talked about hurting. Second, if I or a child is being seriously hurt by anyone, this therapist has to tell someone for protection.
3. I understand that I may not always feel good about some things we talk about in our meetings. I may feel uncomfortable talking to this therapist because I don't yet know her very well. Some of the things we talk about may make me feel angry or sad. Sometimes coming to meetings may interfere with doing other things I enjoy more. But I understand coming to therapy should help me feel better in the long run. I may find that I will trust this therapist and can talk about things that I can't talk to anyone else about. I may learn some new, important, and helpful things about myself and others. I may learn some new and better ways of handling my feelings or problems. I may feel less worried or afraid and come to feel better about myself.
4. Any time I have questions or am worried about the things that are happening in therapy, I know I can ask this therapist. She will try to explain things to me in ways that I can understand. I also know that if my parent/guardian has any questions, the therapist will try to answer them.
5. I understand that my parent/guardian can stop my coming to therapy any time they wish. If I decide therapy is not helping me and I want to stop, this therapist will discuss my feelings with me and with my parent/guardian. But, I understand that the final decision about stopping is up to my parent/guardian.

Our signatures below mean that we have read this agreement, or have had it read to us, and agree to act according to it. Please let your therapist know if you have any questions or concerns.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Name of Child or Adolescent

Signature of Child or Adolescent

Therapist: Silvia Eleftheriou, RPsych (Alberta) #5044.
Supervisor: Dr. J. Crandall, RPsych (BC) #1342