



John Bate
Counselling Guernsey
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Counselling / Coaching for Young people - Informed Consent

Between:

Counsellor: John Bate, Havilah, Sables D'Or, Castel, Guernsey, GY5 7FS; and

Child's Parent or Guardian, Name: _____

Child's Parent or Guardian, Name: _____

Child's Name: _____

Prior to beginning treatment, it is important for you to understand my approach to young people's therapy and agree to some rules about your child's confidentiality during the course of their counselling/coaching.

If any parent/guardian decides that therapy should end, I will honour that decision, however I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the counsellor/coach and the client. Privacy is especially important in securing and maintaining that trust. One goal of counselling/coaching is to promote a stronger and better relationship between children and their parents/guardians. However, it is often necessary for children to develop a 'zone of privacy' whereby they feel able to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this you will be agreeing not to access to your child's treatment notes.

It is my policy to provide you with general information about the treatment status. If it is necessary to refer your child to another mental health professional with more specialised skills, I will share that information with you; I will not share with you what your child has disclosed to me without your child's consent.

I will tell you if your child does not attend sessions.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviours. Sometimes these behaviours are within the range of normal adolescent experimentation, but at other times they may require intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behaviour. If I ever believe that your child is at serious risk of harm – either to themselves or risk to someone else, then I will inform you, or an appropriate agency.

I may break confidentiality in exceptional circumstances - where I am compelled to do so by an order of a court. Where the counsellor reasonably considers that the information is of such gravity that confidentiality cannot be maintained (for example, aspects of terrorism, trafficking, treason or money laundering).

Although my responsibility to your child may require my involvement in conflicts between the two of you, I need your agreement that my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. Neither of you will attempt to gain advantage in any legal proceeding between the two of you from my involvement with your children. In particular, I need your agreement that in any such proceedings, neither of you will ask me to testify in court.

At the end of your child/adolescent treatment, we will review the sessions in general, non-specific terms, such as areas where progress was made and what areas are might require further intervention in the future.

ACKNOWLEDGEMENT AND CONSENT

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

Signed by Parent/Guardian: _____ Date: _____

Signed by Parent/Guardian: _____ Date: _____