

INFORMED CONSENT – CHILD/ADOLESCENT CONTRACT

PLEASE READ THIS DOCUMENT CAREFULLY AND IF YOU HAVE ANY QUESTIONS PLEASE ASK.
IF YOU NEED TO CONSULT SOMEONE ELSE BEFORE SIGNING THIS DOCUMENT PLEASE FEEL FREE TO DO SO.

Prior to beginning sessions, it is important for you to understand my approach to child therapy and agree to some guidelines about your child's confidentiality during the courses of his/her sessions at The Inner Shine Clinic. One risk of child therapy involves disagreement among parents and/or disagreement between parents and therapist regarding the best interests of the child. If such agreements occur, we will strive to listen carefully so that we can understand your perspectives and fully explain our perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide that therapy should end and I will honour that decision.

Therapy is most effective when a trusting relationship exists between therapist and the client. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free 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 agreement, you will be waiving your right of access to your child's notes and records.

It is the Inner Shine Clinic's policy to provide you with general information about the sessions. The Inner Shine Clinic will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another health professional with more specialised skills, The Inner Shine Clinic will share that with you. The Inner Shine Clinic will not share with you what your child has disclosed to me without their consent. 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 parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behaviour. If the Inner Shine Clinic ever believes that your child is at serious risk of harming him/herself or another, we will inform you.

Counselling, EFT (Emotional Freedom Techniques) and Coaching are processes managed and controlled by you. You can terminate the process at any point in time. If you have scheduled appointments then you must cancel these as per the cancellation policy. If you have positive or negative feedback we would appreciate hearing from you so we can ensure our service is as relevant as possible to our clients. The Counsellor/coach/therapist has the right to cancel the service provided at any time. This would be rare and normally would only occur as part of a referral process to a service more relevant to your needs.

EFT AND COUNSELLING/COACHING

Emotional Freedom Techniques, or EFT (often known as Tapping or Meridian Tapping) is an energy medicine technique that can provide impressive results for physical, emotional, mental and performance issues. EFT operates on the premise that no matter what part of your life needs improvement, there are unresolved emotional issues in the way. EFT can relieve and resolve physical symptoms without needing to explore any emotional contributors however the more unresolved emotional issues you can clear, the more peace and emotional freedom you will experience in your life. The Inner Shine Clinic uses EFT during coaching sessions to assist you to resolve emotional blocks enabling you to feel supported to achieve your goals.

* EFT and other services provided by The Inner Shine Clinic do not replace medical treatments

CONFIDENTIALITY AND PRIVACY

Your counsellor/coach/EFT Practitioner is required to keep all of your personal information private; it shall not be shared with anyone without your prior consent. The only exceptions to confidentiality are:

- If you provide written consent for your counsellor/coach/EFT Practitioner to disclose personal information
- When disclosure is required for the protection of a child
- When there is a legal requirement to disclose. For example a Court Order
- To prevent clear and imminent danger to yourself or others
- Your records will be kept for a minimum of 5 years in a secure and safe location and will then be destroyed in a manner that protects your privacy.

DUTY OF CARE

The Inner Shine Clinic has ethical responsibilities and legal obligations to the children and families with whom they work and is subject to organisational requirements regarding reporting a child in need of protection. The Inner Shine Clinic has an ethical obligation to protect and promote the rights and wellbeing of children. If the clinic has reasonable cause to believe that a child has suffered or is currently suffering abuse or neglect, they will contact either the Department of Child Safety or the Police. Wherever possible the clinic will make every effort to fully discuss this with you before taking any action.

DISCLAIMER

The services and holistic, evidence-based interventions provided at The Inner Shine Clinic do not replace medical treatments. By engaging in a session with our practitioners and by using the techniques provided by our clinic, you must agree to take full responsibility for your own well-being or that of your child's. Whilst there are no known side effects to EFT Tapping, this does not mean you will not experience side effects. You agree to never hold The Inner Shine Clinic or its practitioners liable for any side effects or results of the treatment. We do not specialise in providing emergency or crisis management. If you are in a crisis please call Lifeline on 13 11 14 or contact your local hospital or community mental health centre.

CANCELLATION OF AN APPOINTMENT

Please note that if you forget your appointment, arrive late or give less than the 24 hours' notice of your inability to attend, you will still be charged the usual fee for this session due to this time being set aside for you. Client Consent Statement I have read this statement, asked any questions that I need to, and understand it. I understand the limits to confidentiality required by law. I agree to pay all fees associated with my child's therapy. I understand my rights and responsibilities as a parent of a client, and my therapist's responsibilities to me and my child. I agree for my child to undertake counselling/coaching. I understand my therapist may use energy psychology techniques (EFT) during my child's session. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my child's counsellor/coach.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

Please sign to indicate the following:

1. You have read and understood the contents of this document
2. That you agree to abide by the terms of this agreement
3. You understand that the counselling/coaching service provided is one of providing information and advice, it is your free will to implement any of the changes, actions, decisions etc that come out of your counselling/coaching sessions. You therefore indemnify your counsellor/coach from all liability resulting from adverse situations created either directly or indirectly from the counselling/coaching process and any referrals that may be given.

Client signature: _____

Date: _____

On behalf of (child): _____