PLAY THERAPY CHILD & FAMILY CONSENT

By signing this consent, I confirm that I understand and agree with the following conditions:

1. ***I/we am providing consent for my child to participate in child centred play therapy or Interplay Therapy at The Base Health and that this consent may be withdrawn at any time in the future by providing written notice.*** I/We agree to be involved in the process and to regularly review the treatment, progress and process.
2. ***I/we confirm that I/we am/are giving this consent voluntarily and have discussed my treatment options with my child’s clinician,*** the qualifications of the therapist, the potential benefits ***(positive, negative and neutral)*** and risks of Child-Centered Play therapy and the issue of confidentiality and its limits.
3. ***I/we give permission for the treating clinician, and any staff or associate of the treating clinician and any staff or associate of The Base Health to obtain, provide or discuss information with any other Health Professional or organisation involved in my child’s clinical care (as detailed on Page 3 of this document “Other Health Professionals & Approved Contacts”).***
4. I/we have read and understand the Confidentiality clause detailed below.
5. I/We understand and agree that information regarding clients (caregivers & your child), including case records is confidential, and kept according to our Privacy and Confidentiality Policy. It can only be released in accordance with this policy
6. I/we understand that if my child is assessed as Gillick competent (also known as a Mature Minor) then the consent of the parent or guardian will not be required and it is at the childs consent to maintain family involvement. Family involvement is considered good practice where appropriate.
7. I/we accept responsibility for the full fee for these services and understand that no discounts are available (no bulk billing options).
8. I/we understand that if I do not attend, reschedule or cancel a scheduled appointment without giving 48 hours’ notice, I will still be liable for a the full fee for that appointment.
9. I/we consent to The Base Health contacting my next of kin if an emergency situation requires it.
10. I/we consent to The Base Health contacting me via phone, SMS, email or post.

Parent/Carer/Guardian Name 1: [print]

Parent/Carer/Guardian Name 2: [print]

On behalf of (Child/Dependents Name): [print]

Signature of Parent/Carer/Guardian 1: Date:

Signature of Parent/Carer/Guardian 2: Date:

**CONFIDENTIALITY**

In order to provide your child with the service and/or treatment plan appropriate to their care, it is necessary for The Base Health to collect and record personal information that is relevant to your child’s circumstance. Your child’s personal information is gathered as part of the assessment and treatment and is retained in order to document clinical sessions and to enable your clinician(s) to provide relevant and informed mental health services to you. This information is stored in our cloud-based practice management software program, Halaxy.

Minors (Property and Contracts) Act 1970 (available as requested), states that a Minor aged 14 and above can consents to their own medical treatment if appropriate to their assessed maturity:

The legal position relating to a Minor’s capacity to consent was established by an English case known as Gillick. Gillick was approved by the High Court of Australia in a case known as Marion’s case. The Gillick case holds that a child’s capacity increases as they approach maturity or in other words, the authority of a parent decreases as their child’s capacity increases. The significance of the proposed treatment will be a relevant factor in assessing whether a Minor has capacity to consent. For example, it may be likely that a 15-year-old would be assessed as having the capacity to consent to receive contraceptive treatment, but less likely that she would be assessed as having the capacity to consent to a heart transplant. The child’s capacity to consent will need to be assessed carefully in relation to each decision to be made. If a Medical Practitioner assesses a Minor as Gillick competent (also known as a Mature Minor) and the Minor can give valid consent, then the consent of the parent or guardian will not be required. However, where the Minor agrees, it is good practice to involve the family in the decision-making process where appropriate.

**Maturity Guide for Minor’s Capacity to Consent to Medical Treatment**

Level of maturity & understanding Recommendation for Obtaining Consent

**Immature and insufficient understanding (may be 13 and under):**

Consent from a parent or guardian must be obtained (Attachment B)

**Intermediate understanding (may be 14 and 15)**

Consent from the young person may be sufficient. However, the consent of a parent or guardian should also be obtained, unless the young person objects to this (refer discussion above on Gillick Competence) (Attachment A or B, depending on the young person’s capacity)

**Mature understanding (may be 16and 17)**

Consent of the young person will be sufficient in most cases (refer discussion above on Gillick Competence) (Attachment A)

Our clinic is bound by the legal requirement of the Australian Privacy Principles (APPs) contained in the Privacy Act 1988 and our own Privacy Policy (available on request).

All personal information gathered by The Base Health during your child’s treatment will remain confidential and secure, except where:

1. Failure to disclose the information would place your child, or another person at serious and imminent risk; or
2. There is an obligation to disclose information under the *Children and Young Persons (Care and Protection) Act 1998 (NSW);* or
3. There is an obligation to disclose information due to a breach of ethical conduct by a registered Health Professional; or
4. It is subpoenaed by court; or
5. It is used in relation to defending The Base health in legal proceedings or for obtaining advice in respect of any potential legal proceedings; or
6. De-identified information is discussed as part of an approved professional supervision process; or
7. Your prior approval has been obtained to:
8. Provide a written report to another professional or agency (e.g., GP, Specialist); or
9. Discuss the material with another person (e.g., a family member, Specialist, case manager etc); or
10. If disclosure is otherwise required or authorised by law.

Parent/Carer/Guardian Name: [print]

On behalf of (Child/Dependents Name): [print]

Signature of Parent/Carer/Guardian: Date:

CHILD & FAMILY CONSENT

TO OBTAIN & RELEASE INFORMATION

The Base clinicians work as an integrated care team and have a multidisciplinary approach in assessment and treatment. This enables us to optimise your child’s care and ensure that your child’s treatment plan includes the best that each of our team has to offer.

Please identify any individuals or organisations that are involved in your child’s care. Please only include contacts for individuals/services who you consent for us to contact. Please note if you wish to use a GP referral and/or Mental Health Care Plan for your child we need consent to speak with your child’s GP.

1. GP:
2. Paediatrician:
3. Psychiatrist:
4. Psychologist:
5. Social Worker:
6. NDIS Plan Manager:
7. Occupational Therapist:
8. Speech Therapist:
9. Third Party Organisation:
10. Case Manager:
11. School:
12. Other clinical services:

1. Other Family Members:

By signing this consent, I confirm that I understand and agree with the following conditions:

***I give permission for my treating clinician, The Base staff or associate of my treating clinician to obtain, provide or discuss information with any other Health Professional or organisation involved in my child’s clinical care.***

Parent/Carer/Guardian Name: [print]

On behalf of (Child/Dependents Name): [print]

Signature of Parent/Carer/Guardian: Date: