# MEMORY LANE – CONSENT FORM 1A client Under 12 years of age

## CHILD AND ADOLESCENT CLIENT CONSENT FORM & PARENT AGREEMENT TO RESPECT PRIVACY

As the parent/guardian of a minor, signing below indicates that you have reviewed the policies described in the Service Agreement and understand the limits to confidentiality. You agree to allow your child or adolescent to receive counselling from 13133419 CANADA INC Director Julie Lavigne hereby referred to as “Memory Lane”. If you have any questions as your child’s counselling sessions progress, you may ask your Child and Youth Care Practitioner at any time, without judgement.

Check the boxes you are comfortable with and sign below to confirm consent to counselling services for your child:

□ I agree to my child receiving counselling services from Memory Lane.

□ I understand that I can be provided with periodic updates about general progress if I request it, and/or may be asked to participate in therapy sessions as needed.

□ Although I know that in the Province of Ontario I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child’s treatment. This may enable my child to be more open and honest which can increase the efficacy of the counselling services being provided.

□ I understand that I will be informed immediately about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist’s professional judgment and may sometimes be made in confidential consultation with myself.

□ I agree to being open minded when trying new coping strategies with my child, as recommended by Memory Lane. This includes but is not limited to making beneficial changes in our routines, following new step-by-step programs tailored to this families needs, as well as learning how to reframe ideas in a way that will help my child feel more empowered with age-appropriate activities.

□ I understand that both myself and my parenting style is not being judged, and that all counselling services offered by Memory Lane are unbiased and well-intentioned.

□ Using the counselling services provided by Memory Lane is optional, and I am able to withdraw at any time without penalty. I am sincere in helping my child meet their needs for healthy development and a balanced life.

TERMS OF AGREEMENT

I have read CONSENT FORM 1A and I confirm consent to counselling services for my child. I understand that if my child completely fails to engage it may result in a temporary suspension or immediate termination of services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(THE CLIENT’S NAME – PRINTED)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(THE PARENT/GUARDIAN NAME – PRINTED)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(THE PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(DATE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(DIRECTOR SIGNATURE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(DATE)