



# REGAIN BALANCE

Counselling, Health & Wellbeing

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## PARENT OR GUARDIAN CONSENT FORM FOR CLIENTS UNDER 18 YEARS

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name of parent(s)/guardian(s):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

### CONFIDENTIALITY & INFORMED CONSENT WITH MINORS

When working with minors, the issue of confidentiality and informed consent can be complicated and is often not clear from a legal perspective. However, it needs to be discussed, understood, and agreed upon by all. For children and teenagers to feel safe and be able to identify and discuss areas of worry, issues, fears, and anxieties, they need to feel a sense of privacy and some control about the information they decide to share – this is crucial to the success and positive outcomes in counselling work with children and adolescents.

However, most children cannot affect change by themselves, which is why the role and authority of parents in their life is so important. Certain information is needed by the parent to help their child and their whole family flourish – this will be provided through regular debriefs with parent. Therefore, I aim to work with both the children and the family system, as you cannot separate them. This is something that will be discussed with the child/adolescent prior to the commencement of counselling. In addition, I will seek the permission of the child/adolescent to share relevant themes or details where necessary. There may also be times when I ask to see parent and child/children together in a family therapy session. Please also note that all the same limits to confidentiality apply to children/adolescents as described in the confidentiality agreement.

Please be aware that in South Australia People aged 16 years and over can consent to their own medical treatment [Consent to Medical Treatment and Palliative Care Act 1995 (SA) s 6]. This means that unless there is risk to the young person, they have the right to consent or refuse counselling and refuse for information to be shared with a caregiver. I do encourage the young person over 16 to include parents but the final decision rests with the young person, unless at risk.

*I have read the information in this form, and I agree that I fully understand the issue of informed consent regarding children/young people. I understand that if my child is 16 and over, they have the right to not inform parents of their counselling. I have had the opportunity to ask any questions and have them answered. I also understand that counselling is voluntary, and children have the right to refuse to participate. I make an informed choice to allow my child to participate in counselling with Suzanne Grabowski.*

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_