

CONFIDENTIAL

CONSENT FOR PSYCHOLOGICAL SERVICES

Name of Client _____

Name of parent/guardian _____

Date of Birth _____ Age _____ Male Female

Contact details in case of an emergency

Parent/Guardian or Significant Other	Personal Contact Details
Home Tel No:	Home Tel No:
Work Tel No:	Work Tel No:
Mobile No:	Mobile No:
E-mail Address:	E-mail Address:

Psychological Practitioners' Details

Leah Gous* _____

** The therapist may at some stages consult with a professional supervisor*

Nature of Intervention

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> School-readiness assessment | <input type="checkbox"/> Career / subject choice Assessment | <input type="checkbox"/> Parental Guidance |
| <input type="checkbox"/> Psycho-Emotional Assessment | <input type="checkbox"/> Psycho- Educational Assessment | <input type="checkbox"/> Psycho-Educational information |
| <input type="checkbox"/> Other: _____ | | |

Psychological History

1. Have you seen a psychological practitioner prior to this appointment? Y N
2. Do you have any reports to submit to the psychologist from other health care practitioner/s? Y N

Benefits of Therapy

Therapy can help a person to gain new understanding about his or her problems and to learn new ways of coping with and solving those problems. Therapy can help a person to develop new skills and to change behaviour patterns. Therapy can contribute to improved ability to cope with stress and difficult situations and can increase understanding of self and others. It can also facilitate the mobilisation of existing resilience and resources of strengths. I understand that it is important that I mention any concerns or questions to **Leah Gous** that I may have at any time during the process of therapy.

Psychological Assessment

Through the use of a variety of standard psychological assessment procedures **Leah Gous** will attempt to answer the questions relating to this assessment. These questions generally concern learning disabilities, academic functioning, emotional and personality functioning or coping styles. Throughout the assessment process I have the right to inquire about the nature or purpose of all procedures. I also have the right to know the test results, interpretations and recommendations, within the limits of the ethical code for psychology, and relevant legislation that governs the use of psychological assessment.

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Informed Consent

In knowledge and appreciation of the benefits and risks as made known to me by **Leah Gous** and as reflected in this form, I hereby give consent that for _____, to participate in therapy/assessment. I further acknowledge that **Leah Gous** must obtain my informed consent before changing or altering the nature of the intervention or psychological service I requested.

Confidentiality and Limits on Confidentiality

I have been advised by **Leah Gous** that all communications with me and all records relating to the provision of psychological services to me are confidential and may not be disclosed without written consent. I have also been advised by **Leah Gous** that the law places certain limits on the confidential nature of the psychological service provided to me. I have been advised that typically these limits on confidentiality may arise if **Leah Gous** perceives that there is a risk of harm in situations such as the following:

1. If the client is an imminent danger to self, or at present a danger to others or when the client's life is threatened by someone, the law requires that steps be taken to prevent such harm. Should the therapist suspect any form of abuse or harm to the child, the law requires that appropriate steps should be taken.
2. If a court orders the disclosure of records.
3. Confidentiality and Limits of Confidentiality does not apply to Psycho-Legal work as reports are requested by courts and law practitioners.

Availability of Confidential Information for Research and Training Purposes

I hereby grant permission to **Leah Gous** for the following:

1. To make use of relevant information (which shall remain anonymous and strictly confidential) for research and training purposes by herself, where appropriate.
2. To make video and or audio recordings during the course of therapy/counselling/assessment/parental guidance for supervision and research purposes if necessary. Said recordings are treated strictly confidential and anonymously. Furthermore, I have been informed that I will be verbally informed prior such recordings.
3. To make use of relevant information to my own advantage where appropriate.

Please note that written reports are only sent to official institutions at the (written) request of the client. These reports **are not suitable for court appearances unless** a Psycho-Legal Assessment was requested (or the brief).

Acknowledgement and Consent

According to legislation and the ethical code for psychologists, I must consent to any psychological intervention as the legal parent/guardian of the client.

I _____ the undersigned, acknowledge that I have had the opportunity to carefully read this document to ask, and have answered, any questions or concerns I have about it or arising from it. I further acknowledge that I have read and understood the information contained in this document and that it records our consent.

Name/s and Surname

Signature

Leah Gous

Signature