

Child & Adolescent Consent Form

I ask, respectfully, your consent for _____ to participate in Hiskins Arts therapy & Counselling sessions. The following information attempts to ensure that you are aware of the issues relevant to the provision of Arts Therapy and Counselling services by Rachel Hiskins.

Confidentiality:

I will maintain confidentiality in all cases except in the following cases:

- Where your safety or the safety of others is at serious risk.
- If I am ordered by the court to provide the records of our therapy work.
- I suspect that a child is being abused.

You may access the material recorded in your file upon request, subject to the exemptions in National Privacy Principle 6. Client information will, at times, be discussed in a non-identifying way with my professional supervisor for the purposes of reflecting on my practice. Clients may decide to stop therapy sessions at any time without prejudices.

Fees:

- The cost of a one-hour **INDIVIDUAL** session is: **\$90 (Excluding GST)**

Cancellation Policy:

If for some reason you need to cancel or postpone your appointment, please give me at least **24 hours'** notice otherwise you will be charged the cost of the session. I uphold code of ethics. I am committed to continuous personal and professional growth through supervision sessions, training and continually accessing relevant development opportunities.

Please Sign below:

I have read and understood the above Consent Form. I agree to these conditions for the services provided by Rachel Hiskins.

- The child/adolescent is aware of their referral to Hiskins Arts Therapy & Counselling and has provided written /Verbal consent to their participation.

Date:		
Name of Child/Adolescent:	Name of Parent /Guardian:	Therapist:
		Rachel Hiskins
Signature	Signature	Signature