

**Natalia Bergman, Registered Psychologist # 4709**  
420, 1716 16 Ave NW, Calgary, AB, T2M0L7  
Phone# (587) 226-0421  
Email [natalie@unicornpsychology.ca](mailto:natalie@unicornpsychology.ca)



### Consent for Child Counseling

I provide counselling services for children and ensure the parents are involved in the process through consultation after session. I encouraged parents participate in a session as well, if it is necessary. However, without child assent I will not provide detailed information to parents regarding what child shared, I do provide general theme and recommendations as well as support to parents to have better understanding child inner world and communication.

This form documents that I/We (the parents) give our consent and agreement to Natalia Bergman to provide counselling services to our child \_\_\_\_\_ and to include us, the parents, as necessary, as adjuncts in the child's counselling.

This form is in effect until \_\_\_\_\_ (date) or until 12 months after the consent was given.

|                  |                   |           |
|------------------|-------------------|-----------|
| _____            | _____             | _____     |
| Date ((DD/MM/YY) | Guardian Name     | Signature |
| _____            | _____             | _____     |
| Date ((DD/MM/YY) | Guardian Name     | Signature |
| _____            | _____             | _____     |
| Date ((DD/MM/YY) | Psychologist name | Signature |

**Parents:**

Please do not leave the office while your child is with his/her psychotherapist unless discussed with your psychotherapist. Your presence may be necessary during your child's visit.