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.