

Parent/Guardian Permission to Counsel a Minor

Calm Journey Therapists are bound by a strict code of confidentiality, and as a result your permission is requested for your child to participate in counselling at Calm Journey Therapy.

Because counselling is based on a trusting relationship between counsellor and client, the therapist will keep information shared by the client confidential except in certain situations in which an ethical responsibility limits confidentiality. You will be notified under the following circumstances:

1. They reveal information about hurting himself/herself or another person.
2. They or another person may be in physical danger.
3. If previously agreed with your child's therapist, a monthly review may be implemented with you and your child to share their progress and any subject your child may wish to explore with you.

By signing this form, I give my informed consent for: _____
to participate in counselling. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases.

Parent/Guardian _____ Date _____

This consent will be on file throughout the time that your child attends Counselling with Calm Journey Therapy. You may revoke this consent at any time.

Assigned Calm Journey Therapist

Name:

Signature:

Date: