

# SEMIRAMIS DU SAUTOY

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## **Client Consent Form**

Dear client/s

This document informs you what you can expect from the therapy process and me. It also explains what your responsibilities are. Please read it with care. It should not take more than 10 minutes. If there is something you do not understand, please do not hesitate to discuss it with me.

- Session lengths are 50 minutes, unless otherwise agreed.
- Telephonic or Skype/video consultations can be arranged, and charged at the same fee as in person consultation.
- Fees for therapy are to be settled in full before the session commences, you are welcome to pay with direct email transfer to [samiramis.b@gmail.com](mailto:samiramis.b@gmail.com), cheque or cash.
- Any outstanding payments will result in suspension of therapy until such time that the sessions are fully paid up to date.
- The focus of this practice is therapeutic. This practice does not undertake expert witness work or agree to provide legal evidence of any kind, be it with regards to custody and divorce issues or any other matters.
- If legal related services are required, a suitable referral will be given on request.
- I use predominantly a Solution-Focused approach to psychotherapy, as each child/individual is unique.
- I will treat all the private information I collect about you/your child and family as highly confidential. I will not disclose any information about you without your written consent. Except in certain situations where legal or professional rules may force me to disclose information about you. This will include:
  1. Emergency situations where I believe that there is a real risk that your child or you may harm yourselves, another person, or myself. I will be compelled to take the necessary steps to prevent such harm, even if this may entail my breaching confidentiality.
  2. Statutory duty: A provision in an Act may oblige me to disclose confidential information about you/your child.
  3. Court orders: A court may order me to disclose private information, which I will be obliged to do, under protest.
- The limitations of confidentiality also apply to children under the age of 18. I will on a regular basis inform parents or guardians about the therapeutic process and the progress of the client (child). As a general rule, no information will be given to a parent or guardian about the content of a session, without the relevant client's (child's) consent. I do however, reserve the right to inform a parent or guardian if it appears that the relevant child makes him or her guilty of criminal behaviour, or threatens with, or is involved in behaviour that I consider being dangerous or potentially dangerous.
- In order to offer a professional service, cases and academic material is sometimes discussed

with a suitable senior colleague(s). Identifying details are avoided. The psychologists concerned are qualified professionals who treat information as confidential.

- I work on an appointment basis, consequently please arrive at your scheduled time as I cannot interrupt or curtail a session because the following person is early. Thus it is important that our session ends promptly at the scheduled time.
- Due to the nature of this work, telephone calls will not be answered during a client's session. Messages will be returned within 24 hours. If you have not heard from me within 24 hours, please leave another message.
- Your signature indicates that:
  - a. You give me permission to speak to your child's teachers and any other professionals involved in his/ her treatment. I will notify you when I wish to make contact with other professionals and with whom specifically, I wish to make contact.
  - b. The limits of confidentiality have been discussed with you.
  - c. You give me permission to communicate with you by email, sms or telephone when necessary.
  - d. You consent for me S. Du Sautoy to engage in a therapeutic relationship with you and or your child.
- While I will take care to ensure that you and or your child do not come to any harm while attending the therapy sessions, I cannot be held responsible for any loss or injury sustained by you or your child at my premises. In the case of an emergency, I will contact you or next of kin at the contact details supplied by you. Please notify me if these details change.
- Optional condition: for training and development purposes I would like your permission to audio/video record the sessions. As per professional obligations privacy and confidentiality will be upheld. Please mark your choice clearly by underlining you choice: [I agree / I do not agree to the audio/video recording of the sessions.]
- By signing this document, you acknowledge that you have read the conditions above, completed the accompanying client information document, and clarified any uncertainties and that you consider yourself bound to the contents thereof.

PRINT NAME AND SURNAME (Client): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY PARENTS OR LEGAL GUARDIAN (under 18 years of age)

PRINT NAME AND SURNAME (CHILD): \_\_\_\_\_

PRINT NAME AND SURNAME (MOTHER): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME AND SURNAME (FATHER): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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NEXT OF KIN NAME AND TELEPHONE NUMBER: \_\_\_\_\_