

Please note that this form is in addition to the Consent to Services. Both are required at the start of commencing services.

The Health Care Consent Act explains that anyone “capable” may give consent to treatment on his or her own behalf. There is no discussion of a minimum age. Rather, the Act states that the health practitioner should assume that the person is capable of consenting on his or her own behalf unless there are reasonable grounds to believe otherwise. Therefore, while caregivers may request counselling services, it is up to the youth to confirm interest and participation in counselling services.

Positive relationships with caregiver plays a pivotal role in fostering emotional well-being. Kasi Shan Therapy encourages all adolescent clients to collaborate with caregivers in their plan of care. Caregiver(s) are encouraged to attend at the start of every appointment to share concerns, questions and feedback. The youth and counsellor meet individually following this shared time. If a youth declines to have parental involvement in counselling services, this request will be respected.

With the exceptions of circumstances wherein there is a legal duty to report (see Consent to Services Third Party Disclosures for more details), Kasi Shan Therapy is not able to discuss information shared within private sessions with caregivers, unless the youth provides consent. This includes behaviours and activities that parents may not approve of, but would not place their adolescent at risk of serious or immediate harm. This is to ensure that the adolescent sees the counselling setting as a safe and confidential environment. If a youth is in immediate danger, this information will be shared with a caregiver. If it is necessary to refer your child to another mental health professional with more specialized skills, this information will be discussed with caregivers.

ENDING SERVICES:

Each parent agrees that he/ she will not end therapy without the agreement of the other parent. In situations where this arises, it is ultimately the youth who will decide whether to maintain or pause services. Both caregivers and adolescents may end counselling services at any time without penalty or prejudice (this does not include policies based on late cancellations/no shows).

CONTACT INFORMATION:

Adolescent's Name: _____

Preferred name: _____

School:

Date of birth _____

Gender _____

Address(es) _____

Phone number: _____ (Primary)

Phone number: _____ (Alternative)

Email: _____

Is it safe to leave messages? _____

Preferred mode of contact: _____

Caregiver Name _____ Relation to Youth: _____

Caregiver Name _____ Relation to Youth: _____

Custody Status/Arrangements:

I confirm having read through all of the information in the Adolescent Services form, and have spoken to my counsellor regarding any questions that I may have.

Signature: _____

Date: _____