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Informed Consent Form for Counselling (Minor Client)

I, _____ [Parent/Guardian Name], as the parent/guardian of _____ [Child Name], understand that my child is seeking counselling and psychotherapy services from LightingWay Counselling & Therapy LLP (the 'practice'), and hereby give my consent for my child to engage in therapy sessions with therapist Stella Ong. I understand that therapy involves a collaborative process between my child and the therapist to explore and work through these issues in a supportive and confidential environment.

Nature of Therapy Services:

I understand that therapy sessions may include discussions of personal and sensitive topics, exploration of thoughts and feelings, and the implementation of therapeutic techniques or interventions. The therapist may use various modalities and approaches based on my child's needs and preferences, and both my child and I have the right to ask questions and provide feedback throughout the therapy process.

Confidentiality:

I understand that all information disclosed during therapy sessions will be kept confidential unless:

- There is imminent risk of harm to self or others, or when there are serious safety concerns involving the minor that require parental involvement for the child's wellbeing
- Suspected abuse, neglect, or harm to minors, elderly persons, or dependent adults
- Court orders or legal requirements

I understand that the therapist will respect my child's privacy and maintain confidentiality, while involving parents only when necessary as outlined in the exceptions above.

Professional Boundaries:

I understand that the therapist maintains professional boundaries in the therapeutic relationship. This includes maintaining confidentiality, avoiding dual relationships that could compromise therapeutic processes, and refraining from behaviour that could be construed as inappropriate or harmful. The therapist will uphold ethical guidelines set forth by the Singapore Association for Counselling.

Rights and Responsibilities:

As the parent/guardian of the minor client, I understand that my child has the right to:

- Receive respectful, non-judgmental, and professional care from the therapist
- Be informed about the counselling process, including goals, techniques, and treatment plan
- Request modifications to therapy approaches or terminate therapy at any time

I understand that it is the therapy client's responsibility to:

- Attend scheduled sessions punctually and actively engage in the therapeutic process
- Collaborating with the therapist to establish and work towards treatment goals

As the parent/guardian, I understand that it is my responsibility to:

- Support my child's engagement in the therapeutic process
- Communicate with the therapist about any significant changes in my child's circumstances or behaviour that may impact treatment

Therapist--Client Fit

I understand that the effectiveness of therapy depends on a good fit between the client and the therapist. If at any time during the therapy process, my child or I feel that the fit is not suitable or that my child would benefit from a different therapist, we have the right to discuss this with the therapist and seek alternative options. I also acknowledge that the therapist reserves the right to decline to proceed with therapy if there is not a suitable fit between my child and the therapist.

Fees Schedule and Booking Policy:

I acknowledge that therapy services are provided on a fee-for-service basis, and clients are required to pay for sessions in advance. I agree to pay for therapy services in accordance with the agreed-upon fee schedule. I understand that therapy sessions are scheduled in advance and that my child is responsible for attending sessions punctually. In the event that I need to reschedule a session, I agree to provide at least 24 hours' notice to the therapist. Failure to provide adequate notice may result in a late cancellation fee.

I acknowledge that I have reviewed the booking policy as outlined on the practice's website. I understand that the practice reserves the right to revise the booking policy at any time, and that my continued use of the practice's services after any such changes constitutes my acceptance of the updated booking policy.

Emergency Procedures:

I understand that in case of a mental health emergency or crisis involving my child, I should immediately contact 24-hour crisis services. If my child experiences an emergency, I agree to contact SOS at 1-767, IMH mental health helpline at 6389-2222, or go to the nearest emergency room. If I need to contact the therapist outside of scheduled sessions due to an urgent concern, I will follow the procedures outlined by the therapist.

Informed Consent:

By signing this form, I acknowledge that I have read and understand the information provided in this therapy consent form. I have had the opportunity to ask questions and clarify any concerns I may have regarding therapy services for my child. I voluntarily consent for my child to participate in therapy with Stella Ong and agree to abide by the terms outlined in this form.

Minor Client Acknowledgment:

I, _____ [Child Name], acknowledge that I have read and understand this consent form. I agree to participate in therapy and understand my rights and responsibilities as outlined above.

Parent/Guardian Name & Signature: _____ Date: _____

Child Name & Signature: _____ Date: _____

Therapist Name & Signature: _____ Date: _____