
Information and Consent Form Parents/Caregivers

Welcome to Talk N Tap Therapy for the Young, I look forward to working with your child/youth to gain ease with their life.

I would appreciate you arriving at the time of your child/youth's appointment, however if you do arrive early, you may come in quietly and take a seat on the seated areas until your appointment time.

I would also prefer if your child or youth were left in my care for the hour. This is more for the progress of your child's therapy, as they may feel freer to discuss issues if they know you are relaxing somewhere else. There are some café's close by where you can relax until it is time to collect your child/youth from their appointment.

Confidentiality: All sessions are completely confidential, that is everything that is discussed with your child/youth will not be discussed with you or anyone else as it is imperative to your child/youth's therapy that I gain and keep their trust, however their progress can be discussed with you. The only exceptions to this confidentiality are if I am subpoenaed by the court for your child/youth's file or if I am concerned with the safety of your child/youth or someone else's safety. If these issues do arise, I will discuss with you immediately what steps need to be taken. Also, all your child/youth's documents will be filed away in a locked filing cabinet and all digital details are security protected on my computer.

Cancellations: If you need to make changes to your appointment please do so promptly, otherwise charges may occur if changes are made within 24 hours of your appointment time.

Cancellation within 24 hours – 50% of the normal fee

Non-attendance or cancellation within 2 hours of appointment – 100% of the normal fee

Early cancellation can assure other people on the waiting list can be notified of the availability.

Agreement: I have read the above information, confidentiality and cancellation policy and agree to the terms given and grant permission for my child/youth to receive therapy under these conditions.

Name of child/youth to receive therapy

Parent/Caregiver signature of child/youth to receive therapy

Date
