



MINDFUL THERAPIES

Consent to Treatment – Adolescent (under age 19)

All psychotherapy services are voluntary. Consent for treatment is an ongoing process, and treatment can end at any time should you choose.

To consent to treatment, it is important to understand the service being offered and what this includes: individual therapy is an opportunity for you to discuss any areas of your life that you are struggling with, would like to improve, or just talk about. We are here to be a non-judgmental support for you, and provide you with an opportunity to explore new ways of thinking or understanding your life.

The ability to provide independent consent is made on a case-by-case basis for youth under 19 years old. Parents/guardians may need to consent to treatment based on the adolescent’s ability to understand the consent process as outlined on this form.

Confidentiality: All information contained within your sessions is strictly confidential. Your information will be kept in a secure locked location and will not be released to anyone without your explicit consent, except where required by law.

Therapists (Social Workers and Psychologists) and all other health care providers in Nova Scotia are required by law to break confidentiality (with or without consent) in the following circumstances:

1. In cases of suspected child abuse or neglect, a report must be made to the Department of Children’s Services.
2. If there is any suggestion that you are at risk of harming yourself or someone else, this must be reported to police or others (family, caregivers, emergency services) who can ensure your or others’ safety.
3. If you are involved in a court of law and psychological records and/or testimony are subpoenaed.

For adolescents, unless otherwise agreed upon and specified, the majority of information contained within therapeutic services is kept confidential, including information about attendance, drug use, illegal activities, lying, and/or sexual behaviour. This is to help the adolescent feel comfortable with the therapeutic relationship and to facilitate honest communication.

Consent: By signing this form, you are indicating that you have read and understood all of the above information. You are also indicating that you have had the opportunity to ask questions or discuss any points that were unclear, and you are in agreement with these terms.

_____	_____	_____
Client Signature	Client Name Printed	Date
_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Name Printed	Date
_____	_____	_____
Therapist Signature	Therapist Name Printed	Date