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# Informed Consent: Children and Young People



**For a parent or guardian giving consent for a person under 18.** Please read it before your child's first session. You keep a copy, and a signed copy goes in your child's clinical record. **If your child is 12 or older there is a short section for them at the end**, in their own words.

## HOW CONFIDENTIALITY WORKS WITH CHILDREN AND YOUNG PEOPLE

Building trust with your child is what makes the therapy work, so it is handled a little differently from adult sessions. **Your psychologist will:**

- Give you regular updates on progress and treatment goals.
- **Tell you immediately about any concern for your child's safety.** That is never held back.
- Keep some ordinary session content between themselves and your child, so your child can speak freely.
- Involve you in treatment planning and goal-setting.

**Your psychologist will explain to your child, in words they understand, what stays between them and what does not.** If you would like to know exactly where that line sits for your child, ask, and your psychologist will talk it through with you.

## THE FIVE LIMITS TO CONFIDENTIALITY

Everything discussed is confidential and protected under the **Privacy Act 1988 (Cth)** and the **Health Records and Information Privacy Act 2002 (NSW)**. There are five situations where the law may require us to share information without your consent.

- Where there is a risk of serious harm to your child or to another person.
- Where we form a reasonable belief that a child is at risk of significant harm. This is mandatory reporting under the **Children and Young Persons (Care and Protection) Act 1998 (NSW)**.
- Where a court issues a subpoena or other order compelling us to produce records or give evidence.
- Where notification is required under the **National Disability Insurance Scheme Act 2013**.
- Where we are required to notify **Ahpra** about a registered health practitioner.

Where it is possible and safe to do so, we will discuss any disclosure with you first, and we will share only what is necessary.

**One of these comes up more often than families expect.** A court can subpoena a child's clinical record, and it happens most often in family law matters. If we receive one we will tell you unless the order prevents us, and we will provide only what the order requires.

## WHO CAN GIVE CONSENT

- Consent must be given by a **parent or legal guardian who holds parental responsibility**.
- In separated families we may ask to see evidence of custody or parenting arrangements before treatment begins.
- **Both parents generally have a right to information** about their child's treatment, unless a court order says otherwise.

**From 14, a young person may be able to consent for themselves.** We assess whether they have sufficient maturity and understanding, and we record that assessment in the file. Below 14, consent is given by a parent or guardian. Between 14 and 18 it is decided case by case, and may result in the young person consenting alone or alongside you. Your psychologist will explain which applies and why.

**If parents disagree.** Where one parent consents and the other objects, we will not begin or continue treatment until that is resolved, unless there is a risk to the child's safety or a court order directs otherwise. **We do not take sides in a parenting dispute, and we tell both parents the same thing.**

## CULTURE, IDENTITY AND LANGUAGE

We ask every family about culture, identity and language at intake, and we ask everyone the same way. Whether the care feels culturally safe is **for you and your child to judge, not for us**. If it does not, please tell us.

**If you or your child are more comfortable in another language we arrange an interpreter and we pay for it.** You do not need to ask. We do not use family members to interpret, and **we never ask a child to interpret, including for a parent**. A child in that position cannot be a child in the room.


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## YOUR CHILD'S RECORD, AND FEES

**How long we keep it.** Because your child is under 18, we keep their clinical record until they turn **25**, or for seven years from their last appointment, whichever is later. You may ask for access to it, or ask us to correct something, at any time. Put it in writing to the Practice Director and we will respond within 30 days.

**Where it is held.** In our practice management system, on Australian servers, encrypted in storage and in transit.

**Fees and cancellation.** These are not listed here, because a form is the wrong place for a number that changes. The current schedule is at **mindhealth.com.au/fees** and in the Fee Schedule, available from reception. **Ask for the current figures before the first session.** The cancellation terms, including the longer notice periods for assessments, NDIS appointments and group programs, are set out in the same place.

## YOUR CHILD'S DETAILS

CHILD OR YOUNG PERSON'S FULL NAME

DATE OF BIRTH

SCHOOL OR EDUCATION SETTING

MEDICARE NUMBER, IF APPLICABLE

PARENT OR GUARDIAN NAME

RELATIONSHIP TO THE CHILD

PHONE

EMAIL

ADDRESS

**Who holds parental responsibility?** Tick one.

- ☐ Both parents jointly
- ☐ One parent or guardian
- ☐ A court order applies

IF A COURT ORDER APPLIES, BRIEFLY WHAT IT PROVIDES FOR

## PARENT OR GUARDIAN: WHAT YOU ARE AGREEING TO

**Tick each one you agree with.**

- ☐ I have parental responsibility for the child named above.
- ☐ I have read and understood this form, and I have had the chance to ask questions.
- ☐ **I understand the five limits to confidentiality, including that a court may subpoena my child's record.**
- ☐ I understand how confidentiality works between my child and their psychologist.
- ☐ I understand how long my child's record is kept and how to ask for access to it.
- ☐ I have been given the Fee Schedule and understand the cancellation terms.
- ☐ I consent to my child receiving psychological services from Mind Health Associates.
- ☐ I understand I may withdraw this consent at any time.

Withdrawal takes effect from the time we receive it and does not undo anything already done under the consent. Tell your psychologist, or write to the Practice Director at info@mindhealth.com.au or on 1300 084 200.

**Parent or legal guardian**

PRINTED NAME | SIGNATURE | DATE

**Second parent or guardian, where both are consenting**

PRINTED NAME | SIGNATURE | DATE

**Psychologist or witness**

PRINTED NAME | SIGNATURE | DATE


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## FOR THE YOUNG PERSON, IF YOU ARE 12 OR OLDER

**This part is yours.** Your parent or guardian has signed above. We would also like to know what you think, because the therapy works better when you have agreed to it too.

**What you should know.** What you talk about with your psychologist mostly stays between you and them. There are some things they have to pass on: **if they think you or someone else is not safe**, or if a court asks for your records. They will tell you if that happens, wherever they can. You can ask them at any time what they would and would not pass on.

**You can say no.** You can say no to any of this, and you can change your mind later. Nobody will be annoyed with you, and it will not stop you getting help.

- ☐ Someone has explained to me what seeing a psychologist involves.
- ☐ I know what my psychologist would have to pass on, and when.
- ☐ I have been able to ask questions.
- ☐ **I am happy to see a psychologist at Mind Health.**

**If you would rather not sign, that is allowed.** Tell your psychologist and they will note it and talk with you about it. **Kids Helpline is free and answers 24 hours a day on 1800 55 1800**, if you want to talk to someone outside the practice.

**Young person, 12 or older**

| PRINTED NAME | SIGNATURE | DATE |
|---|---|---|
| | | |

## IF SOMETHING GOES WRONG, TELL US

We would rather hear about a problem than not. Please speak with your psychologist directly, or contact our Practice Manager on **1300 084 200** or at **info@mindhealth.com.au**.

**Raising a concern will not affect your child's care.** Their appointments, their psychologist and your fees stay as they are.

**You can also go to any of these at any time. You do not need to raise it with us first, and you do not need our agreement.**

- **Health Care Complaints Commission (NSW)**: 1800 043 159 (toll free in NSW) or (02) 9219 7444 · hccc.nsw.gov.au
- **Psychology Council of New South Wales**: 1300 197 177 · hpca.nsw.gov.au
- **NDIS Quality and Safeguards Commission** (NDIS-funded clients only): 1800 035 544 · ndiscommission.gov.au
- **Office of the Australian Information Commissioner**, for privacy and records: 1300 363 992 · oaic.gov.au
- **Information and Privacy Commission NSW**, for NSW health privacy: 1800 472 679 · ipc.nsw.gov.au

If you would prefer to speak in a language other than English, call the **Translating and Interpreting Service on 131 450** and ask them to connect you. Our full process is in our Complaints Management Policy, available on request.

## IF YOU NEED HELP URGENTLY

**We do not provide an after-hours emergency service, and this form is not monitored.** If your child or anyone else is in immediate danger, call **000**.

- **Kids Helpline** 1800 55 1800, 24 hours, ages 5 to 25
- **Emergency services** 000
- **Lifeline** 13 11 14, 24 hours
- **NSW Mental Health Line** 1800 011 511, 24 hours
- **Suicide Call Back Service** 1300 659 467, 24 hours
- **Beyond Blue** 1300 22 4636, 24 hours
- **13YARN** 13 92 76, 24 hours, Aboriginal and Torres Strait Islander

**The rules we work to.** The Code of conduct for psychologists issued by the Psychology Board of Australia, the Australian Privacy Principles under the Privacy Act 1988 (Cth), and the Health Privacy Principles under the Health Records and Information Privacy Act 2002 (NSW). Privacy policy: mindhealth.com.au/privacy-policy


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