

INNER INSIGHT

Hypnotherapy for Positive Change

YOUNG PERSON THERAPY AGREEMENT

Thank you for choosing to have therapy with Inner Insight Hypnosis. As your therapist, ensuring the sessions run smoothly is very important to me. Please read this information carefully and ensure that you understand everything before signing this form.

These hypnotherapy sessions are to help you with some problems in your life that you've said you're having difficulty coping with. Our meetings will give you an opportunity to discuss these problems without judgement and work on finding solutions to them.

For hypnotherapy to be successful you must want to work with me and be willing to follow my instructions. You cannot be made to do anything that you do not want to do. You should not have hypnotherapy if you've been told that you have to do it, the decision must be yours.

As your therapist I will need to get more information in order to decide on the best way of helping you to move forward with your problems. To do this you must feel comfortable talking to me and we will need to develop a trusting working relationship.

During therapy you may want to discuss certain issues that you do not talk to your parents or carers about. As a general rule, any information you share with me will be private and confidential. Exceptions to this rule could apply if:

- I believe, that as a result of information you have shared, you are putting yourself or others in danger of serious harm.
- You tell me you are being abused, either physically, sexually, or emotionally - or that you have been abused in the past.
- You have given your permission for me to discuss personal information with your parent, carer or another professional who is in a position to offer protection for you or another young person in danger.
- You are involved in a court case and a request is made for information about your therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

If in my professional judgement, you tell me anything that I believe your parents, guardian, doctor, or school should know, in order to help your situation then I may encourage you to talk to them and will help you find the best way to tell them.

Please tick the box and sign below to confirm that you have understood the information detailed above and the limits to confidentiality.

If you have any questions as we progress with therapy, you can ask at any time.

Client name:

Client signature:

Date:

PARENT / CARER AGREEMENT

Please indicate below your agreement to respect your child's privacy.

I will refrain from requesting detailed information about the individual therapy sessions with my child and understand that I will be provided with periodic updates about my child's general progress, and/or may be asked to participate in therapy sessions if/as requested.

Agree / Disagree

Although I am legally entitled to request written records/session notes since my child is a minor, I agree NOT to request these records to respect my child's confidentiality unless I have reasonable concern.

Agree / Disagree

I understand that I will be kept informed about any situations that could endanger my child or others. I understand that this decision to breach confidentiality under exceptional circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with other professionals.

Agree / Disagree

Parent / carer name:

Parent / carer signature:

Date:

Inner Insight Hypnotherapy

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