

BORONIA WEST PRIMARY SCHOOL

2020 Confidentiality Agreement and Parental Consent Form

The privacy of all communication between the child/young person and the counsellor is protected by law. The counsellor may take notes throughout the session. These are professional records for reference purposes and are stored in a secure place.

All information disclosed during the sessions is confidential. Information can only be disclosed to others by law if;

1. The child is threatening serious bodily harm to another or themselves;
2. The child is aware of another person intending to inflict serious bodily harm to a third party;
3. Under a legally binding court order to disclose the notes, give a testimony or deposition;
4. When the counsellor is seeking professional advice from a mental health professional supervisor. Names are not revealed in these cases. In these cases, parents and/or other relevant parties are contacted to ensure the child's safety.

I have read and understood the confidentiality agreement (*please tick*).

1. Details of Parent or Carer

Given name/s: _____

Family Name: _____

Relationship to child/young person: _____

Email: _____

2. Child/student to be involved in counselling

Full name/s: _____

Date of birth: _____ / _____ / _____ Year level at school: _____

3. Parent's consent

I give consent to my child to attend counselling sessions.

_____ Date _____ / _____ / _____
(Signature)

Please return to the office