

Information and Consent Sheet

This sheet tells you about some important aspects of the service before we meet you. We will discuss this at your first visit and ask you to sign consent.

WHAT YOU CAN EXPECT FROM US

Confidentiality: We treat the information you give us with privacy and respect. We will not discuss it with others outside of Teen Counselling without your consent.

Child Safeguarding Policy: While the service is confidential, if you tell us that a child or young person has been or is at risk of being harmed we are legally obliged to give this information to TUSLA (The Child & Family Agency) . Where adults tell us of past harm this information may also be referred to TUSLA. We will usually discuss this with you before we contact them.

Data Protection: We keep records electronically in respect of your family for the following reasons: as a record of our work with you and for statistical purposes. The records are kept securely and are only accessed by Teen Counselling staff connected with your family.

Records are kept until a teenager reaches the age of 25. The maximum period of retention is 13 years.

Text / Email: We will send you appointment reminders by text and may communicate with you by email unless you tell us otherwise. We store your name and mobile number on Crosscare mobile phones for texting/phoning purposes,

Telephone/Video counselling: At certain times we will move our service to you online. We will discuss this with you should the need arise. We do not record or screenshot the sessions and ask that parent or guardian / teen not do this either.

WHAT WE WOULD LIKE FROM YOU

Participation: Our model of working is family based. In this model both the parents or carers and the young person are expected to participate.

Attendance: If for any reason you cannot attend please do your best to cancel your appointment early so that the counsellor can give your time slot to someone else.

Feedback: We want our service to be the best it can be, so your feedback is important to us. If you are particularly happy or unhappy with any aspect you can discuss it with your counsellor or contact Gerard Kelly, Manager at 01 5574705

I/We understand and accept the conditions outlined above

Name: _____ Parent/Carer Signed: _____

Name: _____ Parent/Carer Signed: _____

Name: _____ Young Person Signed: _____

Date: _____

Willing to accept text messages Yes No

Witness: _____ (Attending Counsellor at initial session)