



Kim Sweetland
HYPNOTHERAPY

CONSENT FORM

CHILD

I understand that my child (name)..... is embarking on a course of Solution Focused Hypnotherapy and Psychotherapy with Kim Sweetland of Kim Sweetland Hypnotherapy.

I confirm I have parental responsibility for the aforementioned child.

I will encourage and support them to be part of a respectful relationship between themselves and the therapist.

I give my consent for the therapist to work alone with my child where appropriate and I understand that I can request to see a DBS (Disclosure and Barring Service) certificate at any point.

I understand my child has certain responsibilities within that course of therapy, both to themselves and their therapist, to maximise their opportunity for beneficial results. I will encourage and support them to participate in activities of positivity between sessions, as set out by their therapist, and I understand that by doing so they optimise their chances for maximum benefit from each session and the therapy as a whole.

I will encourage and support them to attend sessions regularly, in a timely manner, and I will give a minimum 24 hours' notice, via email or text message, if my child is unable to attend. Failure to do so may result in a full charge for the session.

I understand that if I/we/they are running late, the session can still go ahead so long as my child arrives within 10 minutes of the scheduled start time. In this scenario the session will be shorter and still be required to finish at the original end time. I understand that if my child is more than 10 minutes late, the session will not be able to go ahead as it is not possible to fully facilitate a session in the remaining time. A full charge may be made for the session.

In instances where the therapist is forced to cancel a session, for any reason, any monies already paid for that session will be either refunded to the payee in full or moved to a future date on request.

I have had the process and therapy explained to me and understand what is entailed.

I understand that the duration of therapy predicted by the therapist is an estimate only, and that I am responsible for advising when I would like my child sessions to be spaced further apart or finish their course of treatment completely. I also understand, that whilst the therapist has predicted the results based on previous experience, there are no guarantees of the outcome.

I understand that the notes from my child's session will be held until my child reaches the age of 25, in compliance with GDPR guidelines and for insurance purposes.

I am aware that my therapist may be required to break confidentiality if they deem that it is necessary to safeguard either my child, others, or if it would likely prevent a crime from being committed. At all other times all information will be kept confidential. In the event of an emergency where Kim Sweetland is unable to contact me to advise of a change or cancellation to my child's scheduled

appointment, I understand that Christopher Sweetland may access my contact details for the sole purpose of advising me of the change. I understand Christopher Sweetland is also bound by the laws of confidentiality.

I understand I have the ongoing opportunity to ask questions, and it is my responsibility to enquire if I am unsure or do not understand anything relating to my child's course of therapy at any time.

I understand there are parking restrictions outside the premises of Kim Sweetland Hypnotherapy and that it is my sole responsibility to advise Kim Sweetland immediately on arrival if I am planning to park within the permit holders' zone. I will provide details of my correct number plate and ensure Kim Sweetland registers my vehicle for visitors parking that will cover the duration of that session time only. I will not hold Kim Sweetland liable or responsible for any fines, damage or issues relating to my vehicle.

I understand that it is not advisable to undertake more than one therapy at any one given time. This is due to the fact you may receive conflicting information that may be confusing and hinder your child's progress in one, or all, of the therapies being undertaken. If my child is being assisted by a Care Team, I am aware it is my responsibility to discuss with that team, prior to undertaking or continuing sessions with Kim Sweetland Hypnotherapy, whether this therapy would be beneficial to my child's care at that time and act on their advice.

I confirm that I have read and accept the full Terms & Conditions: [Terms & Conditions | KSHypnotherapy \(kimhypnotherapy.co.uk\)](https://kimhypnotherapy.co.uk/terms-conditions)

I confirm that I have read and accept the Privacy Policy: [Policies | KSHypnotherapy \(kimhypnotherapy.co.uk\)](https://kimhypnotherapy.co.uk/policies)

I, (Print name in block capitals)

Of, (Address)

Telephone No:.....

Relationship to child:.....

hereby consent to my child receiving Solution Focused Hypnotherapy and Psychotherapy from Kim Sweetland of Kim Sweetland Hypnotherapy and agree to the above conditions.

Signed(Parent/Guardian):

Date: