**Parent Infant Therapy Consent Form**

This is an agreement between:

|  |  |
| --- | --- |
| Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

NorPIP works with parents to help them understand their relationship with their infant and to develop new ways of responding to each other.

**Parent Infant Therapy Sessions**

All therapists offer an introductory session which provides the opportunity for both client, baby and therapist to think about and decide whether or not parent-infant therapy sessions are something the family wants to continue with.

The sessions are 50 minutes long, and would normally be weekly. We will review the work that we are doing on the 4th session giving us both a chance to assess how the work is going. If you did decide to end the sessions for any reason, we would appreciate it if you felt able to let us know about this, and if possible to have an ending session.

If you need to cancel a session, please can you let me know as soon as possible before the session is due to go ahead – we can then discuss booking another session. I will also let you know as far in advance as I can if I am unable to attend a session.

We use evaluation tools to assess and measure how the therapy is progressing.

It is fine to leave a voicemail on our office line.

**Confidentiality**

Everything we discuss in our sessions together is confidential, except:

1. If there are safeguarding concerns, or if there may be a danger to yourself or to others.
2. For if I am unable to contact you and suspect that you may be in danger.
3. Where there is a legal requirement to disclose information – this could be because it has been ordered by a court, or because the law requires it; for example under the Terrorism Act (2000) or the Drug Trafficking Offences Act (1986), for information to be passed on without consent.
4. For the purposes of supervision.

In all of these cases, and where possible, the therapist would attempt to talk this through with you beforehand.

By signing this agreement, you give permission for the therapist to contact other professionals if there are serious concerns about risk to yourself or others.

Therapists monitor their own practice by attending regular supervision to gain support and guidance in their work and also to check that they are working ethically and competently. The therapist will only refer to you by your first name; and their supervisors are also committed to maintaining confidentiality.

**Notes and Record Keeping**

We follow the guidelines outlined under the Data Protection Act and GDPR – this means that we collect and store some of your information. Our policy is to keep minimum notes and records. The information we do store includes:

* Personal information; such as your name, date of birth, address, and contact details.
* Background information; factors that might be relevant to the therapy process, and include details of your mental health, lifestyle, and professionals working with you.
* Your signed agreement with us.
* Confidential case notes; these describe the main focus of the sessions with you, and any important information.
* Information for service evaluation and statistical purposes; such as self-assessment measures.

We collect and record this information so that we can use this information to report back to our funders on the work we’re doing – when we do this, the information is anonymised so there aren’t any identifying factors. We write reports to our funders in order to try and receive more funding which will help the work and support we provide continue.

The information we collect is stored in our office in locked filing cabinets – we also record some information on electronic/online systems which are password protected.

We store your data for 3 years and then it is removed from our systems and destroyed.

You can request in writing to see the information held on you.

If you have any concerns about our policy on confidentiality and note-keeping, or on how your information is processed, you’re welcome to discuss it fully with your therapist.

**Limits/Influence of Alcohol or Substances**

The session is unable to go ahead if you attend under the influence of drink or drugs.

Also, can you please inform us if you start seeing another therapist through a different service – it is important to our work that I know if you’re receiving support from another therapist as well.

**Code of Ethics**

All therapists are registered with a professional organisation and are bound by its Code of Ethics – these organisations include: British Psychoanalytic Council (BPC); British Psychological Society (BPS); British Association for Counselling and Psychotherapy (BACP); United Kingdom Council for Psychotherapy (UKCP); and Health and Care Professions Council (HCPC).

It would be helpful to let the therapist know if you are in or considering entering another therapeutic relationship.

**Complaints Procedure**

If you have any cause for complaint, please get in touch with NorPIP’s CEO either by email ([ceo@norpip.org.uk](mailto:ceo@norpip.org.uk)) or in writing to 17 Earl Street, Northampton, NN1 3AU.

To let the therapist know if you are in or are considering entering another therapeutic relationship.

**Agreement – Please read this agreement carefully.**

Check what we have agreed today – if you wish to negotiate any changes, we can discuss this before you sign the agreement.

* I have read and understood the above information and agree to the conditions for therapy as made clear to me.

|  |  |
| --- | --- |
| Client Signed: | Therapist Signed: |
| Date: | Date: |

**Contacting You**

How would you prefer we contact you?

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile |  | Email |  |
| Can we leave a message for you on your phone? | | |  |
| Can we text you? | | |  |