

## CONSENT TO PSYCHOLOGICAL TREATMENT

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name (if applicable):** \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_

### 1. Purpose of Psychological Treatment

NeuroKids Ltd. provides psychological services, including assessments, therapy, rehabilitation, and other interventions tailored to meet individual needs. The goal of treatment is to support the mental health, emotional well-being, and cognitive development of the child or young person receiving services (referred to as the client).

### 2. Nature of Psychological Treatment

Psychological treatment may include:

- Individual therapy
- Family therapy
- Cognitive, emotional, and behavioural interventions
- Psychological or neuropsychological assessments and evaluations
- Collaboration with schools, medical professionals, and other service providers

The frequency and duration of sessions will be determined based on the client's needs and clinical recommendations.

### 3. Confidentiality & Limits

All treatment records are kept confidential in compliance with the General Data Protection Regulation (GDPR) and applicable laws. However, confidentiality may be legally breached under the following circumstances:

- If there is reason to believe the client is at risk of harm to themselves or others.
- If there is suspected abuse or neglect of a child or vulnerable adult.
- If court-ordered disclosure is required.

Any information shared outside of these circumstances will require written consent from the client (or legal guardian).

#### 4. Risks & Benefits of Psychological Treatment

Psychological treatment has potential benefits, including improved emotional regulation, reduced distress, and enhanced coping skills. However, it may also involve discussing difficult emotions, which can lead to temporary discomfort. The client has the right to discuss concerns with the therapist at any time.

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#### 5. Voluntary Participation & Right to Withdraw

Participation in psychological treatment is voluntary. The client (or parent/guardian) may withdraw consent at any time. If withdrawal occurs, NeuroKids Ltd. will discuss transition planning and alternative support options. Where appropriate, the young person's own consent will also be sought in line with their capacity to understand treatment (Gillick competence).

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#### 6. Cancellation & Fees

Please note that appointments cancelled with less than 48 hours' notice may be subject to a cancellation fee. Full details of fees and payment terms will be provided separately.

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#### 7. Data Protection & Record Keeping

Records will be securely stored in line with GDPR and retained until the child's 25<sup>th</sup> birthday, unless otherwise required by law. The client (or parent/guardian) may request access to records as permitted under GDPR. For further details please refer to the NeuroKids Privacy Statement and Data Consent Forms available at: <https://www.neurokids.co.uk/fees-processes>

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#### Consent to Treatment

By signing below, I confirm that:

- I have read and understood the information provided.
- I have had the opportunity to ask questions.
- I consent to receive psychological treatment (or consent on behalf of the client if they are a minor or lack capacity to consent).

#### Client/Parent/Guardian

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### (If applicable) Second Parent/Guardian

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_