

ADOLESCENT INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

1. Purpose of This Document

Before beginning therapy with an adolescent client, it is important that parents/caregivers understand **how confidentiality works**, what their rights and responsibilities are, and how the psychologist will operate under the **NZ Psychology Board Standards of Practice** and the **Code of Ethics for Psychologists in Aotearoa New Zealand**.

This document should be read together with the general **Client Service Agreement / Practice Policies**.

2. Parental Consent & Adolescent Rights

Under New Zealand law, adolescents may have the right to engage in health services confidentially when they demonstrate **sufficient maturity and competence** (the *Gillick principle*).

However, when therapy is arranged by caregivers, **we seek joint consent whenever possible**.

Therapy works best when adolescents trust that their privacy will be respected.

Parents/caregivers agree to allow the psychologist to maintain an appropriate level of confidentiality for the young person.

3. Confidentiality & Information Sharing

In accordance with the **Privacy Act 2020** and the **Health Information Privacy Code**, information shared by the young person in therapy is confidential. The psychologist will:

✓ Provide parents with general updates, such as

- Attendance
- Progress broadly described



- Any concerns impacting wellbeing or safety

✓ Protect the adolescent's private disclosures

Specific details the young person shares will *not* be disclosed to parents without the young person's consent **unless required by law or necessary for safety.**

Limits to confidentiality (non-negotiable under NZ law):

Information must be shared if:

- The young person is at risk of harming themselves or others
- Another person (e.g., a younger child) is at risk
- There is a legal obligation (court order, statutory request)
- There is significant concern relating to abuse, neglect, or criminal activity involving risk or harm

If information must be disclosed, the psychologist will aim—when safe and appropriate—to discuss this process with the young person beforehand.

4. Relationship Between Parents and the Psychologist

The psychologist's primary professional responsibility is **to the wellbeing of the young person.**

Parents agree to:

- Use information from therapy only to support their child
- Not request detailed notes or transcripts unless legally entitled and ethically appropriate
- Avoid asking the psychologist to take sides in family or legal disputes



5. Court, Custody, and Legal Proceedings

In compliance with NZ Board and ethical guidelines:

- The psychologist's role **is therapeutic, not evaluative.**
- The psychologist **will not provide custody recommendations.**
- Parents agree **not to request or subpoena** the psychologist to give testimony in legal disputes unless required by law.
- If a court orders the release of information, only information permitted under the order will be provided.

If the psychologist is legally required to participate in proceedings, standard professional hourly rates apply for:

- Report writing
- Preparation
- Court attendance
- Travel time

6. Communication & Contact Outside Sessions

Brief emails or messages for scheduling are not billed.

Communication involving clinical input may be billed at the clinician's standard rate (pro-rated).

Phone calls over **10 minutes** may incur additional charges.



7. Fees & Payment Policies

- Fees comply with standard NZ psychological service rates.
- Payment is due at the time of service unless otherwise agreed.
- If funded by ACC or another agency, rules of that contract apply.
- Missed appointments without **36 hours 'notice** will be billed at the full session rate (except in emergencies).

8. Ending Therapy

Parents or adolescents may request to end therapy at any time.

However, the psychologist may request **one or more closing sessions** to ensure a safe and professional conclusion—consistent with NZ Board expectations for continuity of care.

9. Agreement & Consent

Parent / Guardian 1

Name: _____

Email: _____

Signature: _____

Date: _____





Auckland Practice
9 Claremont Way, East Tāmaki Heights, Auckland

Parent / Guardian 2 (if applicable)

Name: _____

Email: _____

Signature: _____

Date: _____

Adolescent Acknowledgement (recommended but optional depending on age)

I understand the service being offered, and my rights to privacy and safety have been explained.

Name: _____

Signature: _____

Date: _____



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