

Claire Maher

Educational Psychologist

BSocSc (UKZN), BSocSc Hons Psychology (UKZN), PGCE (UKZN), M.Ed (Psych) (Wits)

Practice Number: 0483664 • HPCSA Registration Number: PS0119652

Therapy Consent Form

I, _____ (name), parent/guardian of _____

(Child's name) hereby consent to him/her attending psychotherapy with Claire Maher, Educational Psychologist.

By signing this document, I acknowledge that I have been informed about the therapy process. I understand that the therapy is psychoanalytic in nature and may require more longer term, in depth intervention. I understand that long breaks between sessions can stall the therapeutic process.

Information communicated in the intake meeting will be managed with sensitivity and confidentiality, as will the contents of the therapy with my child. I understand that the content of my child's therapy is confidential and the details of which will only be shared with me with my child's permission. Limits to confidentiality include disclosures required to protect the client or other persons from harm, or when required to do so by a court of law.

Information from my child's session may be used in anonymous presentations or supervision groups. At no time will any identifying information be used and every effort to maintain confidentiality will be taken.

Signed: _____

Date: _____