

Parent Waiver Regarding Counselling of the Child(ren)

Child name(s) _____

By signing below, the parents of the above-named child(ren) hereby agree, in respect to the counselling by (name of service providing counsellor):

1. The role of the counsellor is to create a therapeutic and safe environment for the child and to allow him/her to express feelings related to the separation and/or divorce of the parents.
2. Counselling will not occur with the child in the event that both parents continue to have a high degree of relational conflict
3. In order to create a safe environment for the child to express her/ his feelings, it is essential that therapy be completely separate and distinct from any / all court proceedings.
4. Therefore, the counsellor will not be asked to discuss findings from his counselling of the child(ren) with either of the parents' attorneys, nor will the counsellor be required to appear in court proceedings related to the separation or divorce, or in regard to custody or visitation disputes.
5. The counsellor will share general goals of the child counselling with both parents.
6. The counsellor reserves the right to keep confidential, from one or both parents, information obtained from the child(ren).
7. The counsellor will maintain a neutral position relative to parental disputes in regard to the terms of separation or divorce, and custody and visitation rights. Such disputes will be dealt with by the solicitors of the parents or an appointed mediator.
8. Counselling will terminate when the counselling goals have been accomplished. The therapeutic results of counselling, as distinct from information gained in counselling sessions, will be verbally communicated to both parents, except when, in the view of the counsellor, such disclosure would compromise the gains resulting from the counselling.
9. This agreement does not replace any professional guidelines on "confidentiality" or circumvent legal requirements to report abuse of minors or respond to a subpoena.
10. Parents are encouraged to consult with their solicitors before signing this form.

Date

Parent Signatures

Witness

