Parent/Guardian Consent Form

Your permission is requested for your child to participate in counselling support with Habit Health EAP.

Childs name in full:

Address:

Date of birth:

Children/young persons under the age of 16 must have the permission of their parent(s) or legal guardian(s) to receive counselling services. Laws provide that the parent or legal guardian has a right to request information obtained in the course of treatment. However, often a child/young person reveals information in treatment s/he wishes to remain confidential. As EAP counselling is based on a trusting relationship between the professional and the client, this request will be honoured unless it involves dangerous behaviour, such as suicidal ideation or instances where a child or another person may be in physical danger. *EAP do not provide counselling services to children under 10. Relevant therapeutic information may be shared with parental guardians if consent is obtained from the client.

By signing this form, I give my informed consent for my child to participate in counselling. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases.

Parent/Legal Guardian (1)

Name in full:

Address:

Date:

Signature:

Parent/Legal Guardian (2)

Name in full:

Address:

Date:

Signature:

The provision and correction of personal information will be subject to any limitations provided under the Privacy Act 2020 and the Health Information Privacy Code 2020. For further information please refer to https://www.eapservices.co.nz/privacy/

This form is to be completed and each parent/guardian must initial and sign this form; thereby agreeing for this form to be emailed to **nsc@eapservices.co.nz** by the Habit Health EAP Professional.