



Our Agreement

**Your Permission for us to Work Together
My Promise to Work Hard for You and Respect Your Privacy
Our Privacy (Confidentiality) Agreement**

We plan to work together in talking therapy, and I look forward to meeting you!

There are many reasons that you might come for therapy, and whatever that is, our agreement is pretty standard.

I want to know that you are happy to proceed with the therapy, and your signing this form tells me that.

You might have been keen on the therapy. Sometimes a teacher or parent (or somebody else) pushes for you to do this.

What you say in the sessions is private, and I want you to feel comfortable freely sharing any feelings, thoughts or actions.

Others (including parents or teachers) don't get to hear what you say unless you want them to. I won't share, including things they might disapprove of or be upset by. I might encourage you to share information with others.

There are very rare situations - listed below where I would be compelled to share something you tell me. That has only happened twice in 28 years of practice. You can be confident that your information won't be shared.

I will share information to protect you; often, the law would mean I had to. I will always work with you to share this with your permission first.

While I am a doctor, you may also see other health professionals. It is helpful to share information with them, which helps make you safe. This is particularly true when you are taking medications. They can't share information either with the same exceptions. You can decline to share

information with other health professionals. I hope that you will feel able for us to share and all support you.

These situations where I will need to share information include:

- 1) You have a plan to harm yourself or someone else (to protect you or them, or both)
- 2) You are doing something so high risk that you could hurt yourself or others (again, to protect those affected)
- 3) You are being abused (to protect you)
- 4) If a court asks for your notes

If information needs to be shared, we will discuss how and with whom before that happens.

When you show up, I'll see that as you being open to change and to things getting better. Great!

We can speak alone if you prefer (and often, a part of the session alone can be beneficial).

Please reach out if you have any questions before the session or signing this form. I'm very happy to talk this through.

Signing this form permits us to start the therapy. You might change your mind later and decide to stop. That's fine!

We will discuss what therapy techniques to use, and you can also decline any of these.

This form is a contract between you and me; therefore, your parent does not need to sign it either. I sign it to promise to do my best work to help you and to respect your privacy.

You will get a copy of it to keep

Your signature

Date

Dr Sharryn Signature

Date