



HillBilly Wellness Center

Box 187, Fraserwood, MB R0C 1A0 Ph: (204)-330-3200
Hwy 231 & 12E Next to Crazy Jumpers Dog School
Email: HillBillyResort@gmail.com Website: [under constructon](#)

Child or Youth Written Assent Form For Counseling

I, _____, agree to meet with my therapist,
_____, starting on _____.

I understand that my parent(s) has the right to know how I am doing in therapy. I agree that my therapist may talk with my parent(s) / guardian(s) to discuss how I am doing. They may also talk about concerns and worries they may have about me, or about things my therapist and I decide that they need to know about. Sometimes my therapist may meet with my parent(s) / guardian(s) without me. At other times we may all meet.

The things I talk about with my therapist are private. I understand the therapist will not tell others about the specific things I tell him or her. He or she will not repeat these things to my parent(s) / guardian(s), my teachers, the police, probation officer, or agency employees, but there are two exceptions. First because of the law, my therapist will tell others what I have said if I talk about hurting myself or someone else. Second, if I am being seriously hurt by anyone, my therapist must tell someone for my protection.

I understand that sometimes I may not feel good about what we may talk about. I may feel uncomfortable because I don't know my therapist very well, I may feel embarrassed, or things may make me angry or sad. The meetings may also interfere with doing other things which I enjoy more, however, I also understand that coming to therapy should help me feel better in the long term. I may find that I can talk about things that I can't talk to others about, that I may learn new things about myself and others, that I may learn better ways of handling my feelings or problems and that I may come to feel better about myself.

I understand that I will be working outside with animals and that animals are sometimes unpredictable. Things could happen that are not pleasant, like I could fall in the mud or an animal might act in ways that are scary. I know I can trust my therapist to keep me safe if these things happen.

In the event that something happens to me and I am hurt or sick, by signing this form, my parents/ guardians, give permission for qualified HillBilly Wellness Center staff to give me first aid or CPR, or have an ambulance take me to the nearest hospital if necessary.

Any time I have any questions or am worried about things that are happening in therapy, I know I can ask my therapist. He or she will try to explain things to me in ways that I can understand. I also know that if my parent(s) / guardian(s) has any questions, my therapist will try to answer those questions as well.

Our signatures below mean that we have read this agreement, or have had it read to us, and agree to act according to it.

_____ I understand there may be times where my sessions will be video or audio recorded or observed

Initial by a supervisor or another HillBilly Wellness Center therapist for educational purposes. I am acknowledging and consenting to this extension of confidentiality by placing my initials at the

start of this paragraph. At any time, I understand that I may revoke my consent to be video or audio recorded by advising my therapist of my decision.

My acknowledgement & consent to this process is free from pressure or influence from any person or entity.

Child or Youth's Name

Child or Youth's Signature Date

Parent / Guardian Signature Date

Therapist Signature Date

Acknowledgement & Consent for My Child to Participate in Therapy

I, _____, guardian(s) or parent(s)
of,

_____, give my (our) permission for my / our child to
participate in therapy / assessment / intervention at Dreamcatcher.

____ I understand there may be times where my child will be video or audio recorded
or observed
Initial by a supervisor or another HillBilly Wellness Center therapist for educational
purposes. I am
acknowledging and consenting to this extension of confidentiality by placing my
initials at the
start of this paragraph. At any time, I understand that I may revoke my consent to
have my
child video or audio recorded.

My acknowledgement & consent to this process is free from pressure or influence
from any person or entity.

Guardian(s) or Parent(s) # 1 Signature Date

Guardian(s) or Parent(s) # 2 Signature Date