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Department of Clinical Psychology

Client Consent Form

# Client Consent Form

## A) Consent to see Psychologist



Would you like to meet to talk about how you feel?

	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Name: \_\_\_\_\_

CHI: \_\_\_\_\_

Signature : \_\_\_\_\_

## B) Consent to contact others



I might need to share the things you tell me with other people who work with you.

This is to make sure you are getting the right help and support.

Psychologist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### D) Consent to use information for service development?



We might want to use your information to make our service better. Is this ok?

	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No



Would it be ok for me to talk to ...

		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

### E) Do you want to ask any questions?



Write any questions here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

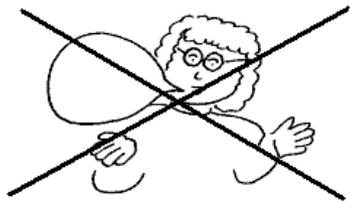
\_\_\_\_\_

\_\_\_\_\_



Would it be ok for me to write to ...

		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

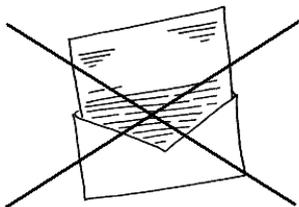


Please do not talk to ...

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Please do not write to ...

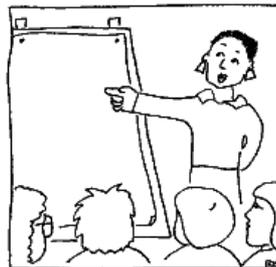
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**I would have to tell other people who work with you if I think you or someone else might get hurt.**

### C) Consent to use information for education and training.



I might want to share your information to help other people learn.

I might use ...



• Talking



• Writing



• Showing Artwork

	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Would it be ok to use our work to help other people learn?

