OBERTELLI PLAY THERAPY

16A Church Street Oswestry Shropshire SY11 2SP

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**Parental Consent Form**

This form is to be read and signed by all parties with Parental Consent wherever possible. If this is not possible, then please state the reason for this in the space provided.

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| **Child’s Name and D.O.B**  |
|  |
| **Parental Responsibility Definition** |
| **Who has Parental Responsibility?**The following guidance can help you to understand about who has parental responsibility.  Once obtained, parental responsibility can only be removed via a court order.**Biological mother and father**Mother automatically has parental responsibility from birth.  Father has parental responsibility if he was:* Married to the child's mother when the child was born
* Listed on the birth certificate after a certain date (England and Wales - 01/12/2003; Scotland - 04/05/2006; Northern Ireland 15/04/2002.

**Same sex parents**Where one of the parents gave birth to the child:* If the couple are in a civil partnership or are married at the time of birth, both can have parental responsibility
* For non-civil partners and unmarried couples, the parent who did not give birth would need to seek parental responsibility via a court order

**Adoptive parents**Have parental responsibility.**Foster carers**Do not have parental responsibility.**Special Guardians**Are awarded a court order which means they share parental responsibility with the parents. However, the special guardians would have overriding parental responsibility.**The Local Authority**Can obtain a court order which would mean the local authority would share responsibility with the parents.  However, the local authority would have overriding authority to make decisions about therapy in the best interests of the child. |
| **Names of people with Parental Responsibility** |
| 1) | 2) |
| **Reason why any person with Parental Responsibility is not signing** |
|   |
| **Assessment** |
| I agree that:1. I have been sufficiently informed about the assessment and agree to participate in the process.
2. I agree for my child/children to be specifically involved in the assessment and be seen by the Play/Filial/EMDR Therapist.
3. I have provided all necessary information about my child’s health (including allergies) and any safeguarding risks.
4. I am aware of the data protection practices as highlighted in the supplementary pages of this form and am in agreement for my child and family’s information being stored in this manner.
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| **Consent for Assessment** |
| Print Name:Signature | Relationship to child:Date: |
| Print Name:Signature | Relationship to child:Date: |
| **Play Therapy Intervention** |
| I agree that:1. I have been sufficiently informed about Play Therapy and agree for my child to proceed with appointments with a Play Therapist.
2. I have explained Play Therapy to my child and they have agreed to engage with Play Therapy.
3. I have a support network in place to help me alongside my child’s therapy.
4. I have provided all necessary information about my child’s health (including allergies) and any safeguarding risks.
5. I am aware of the data protection practices as highlighted in the supplementary pages of this form and am in agreement for my child and family’s information being stored in this manner.
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| **Consent for Play Therapy Intervention** |
| Print Name:Signature | Relationship to child:Date: |
| Print Name:Signature | Relationship to child:Date: |
| **Filial Therapy Intervention** |
| I agree that:1. I have been sufficiently informed about Filial Therapy and agree for my child/children to proceed with appointments with a Filial Therapist.
2. I have been sufficiently informed about Filial Therapy and I agree to proceed with appointments with a Filial Therapist.
3. I have explained Filial Therapy to my child and they have agreed to engage with Filial Therapy.
4. I have a support network in place to help me alongside the Filial Therapy.
5. I have provided all necessary information about my child’s health (including allergies) and any safeguarding risks.
6. I am aware of the data protection practices as highlighted in the supplementary pages of this form and am in agreement for my child and family’s information being stored in this manner.
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| **Consent for Filial Therapy Intervention** |
| Print Name:Signature | Relationship to child:Date: |
| Print Name:Signature | Relationship to child:Date: |
| **Information sharing (Circle of Confidentiality)** |
| * 10. I agree for my child and family’s information to be shared with:
* G.P Yes [ ] No [ ]
* Social Worker Yes [ ] No [ ]
* School Yes [ ] No [ ]
* Other (please identify)
 |
| **Consent for Information Sharing (Circle of Confidentiality)** |
| Print Name:Signature | Relationship to child:Date: |
| Print Name:Signature | Relationship to child:Date: |
| **Video/Audio Recording** |
| * 11. I confirm that the reasons for video and/or audio recording my child’s Play Therapy Sessions/our Filial Therapy Sessions has been explained to me. I agree for the sessions to be recorded via:
* Video Yes [ ] No [ ] Audio Yes [ ] No [ ]

Recording will be completed and held by:Gina Obertelli @ OBERTELLI PLAY THERAPY[ ] OR Parent/Carer [ ] |
| **Agreement about the retention of Video/Audio Recordings** |
| 12. I have agreed with the Play/Filial Therapist that the recordings I have consented to will be held for:THE PURPOSE OF:LENGTH OF TIME:DESTRUCTION DETAILS:PERSON RESPONSIBLE FOR DESTRUCTION: |
| **Consent for Video/Audio Recording** |
| Print Name:Signature | Relationship to child:Date: |
| Print Name:Signature | Relationship to child:Date: |

**Supplementary Consent Information: Data Protection Information**

Due to the nature of our work, it will be necessary to collect and store personal information about children and their families in order to effectively assess and support them through therapeutic work.  Consent forms will need to be signed by adult clients or persons holding parental responsibility for child clients to indicate an agreement to collect and store personal information. Generally speaking, Gina Obertelli can hold personally identifiable information for the following purposes: Referrals (including contact details); Quotations and contracts; Assessment; Review; Supervision/Consultation; Reports; Minutes of meetings attended; Feedback and research. Here are some important things you need to know about how the data that is collected in our day to day work on behalf of children and families.

**Electronic Protection**: Obertelli Play Therapy devices are protected by appropriate security packages to protect against external threats and access to the devices is via password control.  Electronic documents with personally identified information on are only sent via secure email and will only be sent when absolutely necessary (face to face delivery or recorded postal delivery are other options). Such emails would be password protected. Where feasible (i.e. where it would not impact on the readers comprehension or need for legal reporting of safeguarding concerns), documents will be pseudonymised before sending via email.

**Paper Recordings**: With the exception of consent forms and contact information sheets, Gina Obertelli does not create official paper records for client assessment and therapeutic work.  Informal supervision/reflective notes are created to track progression and contribute to the formal reports. Once such reports have been written, the supervision/reflective notes are destroyed. Supervision/reflective notes do not contain personally identifiable information; they note key themes and events of therapy for the Therapist’s further thought within personal reflection and professional supervision. Any paper documents received from third parties will be read and a decision will be made as to whether it is important to retain the information longer-term. Business related client documents (i.e. paper quotes and contracts) are created by Marvellous Resources Ltd and will be kept for accepted work. All paper documents are kept in a secure lockable container, which is held within a lockable filing cabinet.

**Video and Audio Recordings**: Obertelli Play therapy does not routinely use video and audio recordings for Play Therapy, though they can be more common within Filial Therapy. Where these are deemed to be necessary, they will be stored in locked container until they have served their purpose and can be destroyed. This would be discussed with you at the point of consent and contracting discussions.

**Record Deletion**: Quotes from Obertelli Play Therapy are valid for 30 days. After this point, all details will be destroyed. Any retained third-party client related paper documents will be destroyed upon case closure. All non-business related client records (i.e. therapy records) will be destroyed upon the child's 25th birthday.  Financial records will be retained in line with accountancy recommendations.

**Sharing Records**: Client information is routinely shared between clients, families and identified professionals for assessment and review processes.  This is always discussed during the referral and contracting periods when consent will be discussed (Circle of Confidentiality).   There are other times when client information will be shared, when it is deemed to be in the safeguarding best interests of children, families and the community. In these instances, information will most likely to be shared with health and social care professionals and/or the police.  Such instances will also be discussed in the initial contact phases.

**Accountability**: Gina Obertelli is registered with the [Information Commissioners Office (ICO)](https://ico.org.uk/). The ICO provides guidance to both the public and professional agencies about data protection. Any complaints about how we have managed your data can be directed to the ICO.

**Withdrawing Consent:** Should you wish to withdraw your consent for Obertelli Play Therapy to hold and use data about you and your family, you will need to put this in writing. The implications and process for moving this forward would be discussed with you. Withdrawing consent for holding and using data would result in the immediate withdrawal of all therapeutic work.