

John Blythe Child Psychology Consent & Release Forms

Consent for Psychological Service

I _____, have read and understood the explanation of psychological services provided by John Blythe Child Psychology and give consent for assessment / treatment to take place.

Client:

Name (Print): _____

Address: _____

Signature: _____ Contact Phone: _____ Date: _____

Permission to Consult / Release Information

Information gathered as part of providing this psychological service is strictly confidential. In order to provide a written report or to discuss your case with your school, medical officers, or other relevant persons, your written consent is required. Please provide your instructions to us below.

I _____ hereby give permission for staff of John Blythe Child Psychology to consult with, receive information from, or release information (about my behavioural, emotional, social and academic development) to the following:

1. (Doctor): _____

2. (School): _____

3. (Parents) _____

Client:

Name (Print): _____

Address: _____

Signature: _____ Contact Phone: _____ Date: _____

Permission to use anonymous data in research:

John Blythe Child Psychology is engaged in ongoing research into child development and behaviour. We do not use any private or identifying case information in research projects, only anonymous data such as age, gender and test scores. Our research is designed to improve assessment, diagnosis and treatment options for children and adolescents.

I _____ hereby give permission for John Blythe Child Psychology staff to use non-identifiable data from my assessment and treatment outcomes in academic research projects.

Signature: _____ Contact Phone: _____ Date: _____

