



## Confidential Form (CF)

### 1. Confidentiality

Usually specific details of your child's therapy will be confidential to your child. Your child may choose to share whatever he or she likes about the sessions but Sensory Space will not share any details. Sensory Space do not share information with any other person or agency without agreement from you and your child (if appropriate), except when it is required by a court of law or a local authority, or if we believe your child or another person is at risk. We will agree a Circle of Confidentiality so that Sensory Space know who else can receive information about your child's therapy and how the information will be passed on. Our child protection policy will be followed at all times.

### 2. Reviews

We will meet to review your child's progress and discuss how best to meet his/her needs. At Sensory Space, Play and Art Therapists will not tell you details of your child's therapy but they will share the themes and patterns with you so that you can best care for your child's needs at home. A review is also a time for you to bring any concerns you have about your child and the therapy. You are welcome to bring a friend or relative with you to reviews. It helpful to know in advance if you are going to do this.

### 3. Professionals' meetings

Your child and your family may be receiving support from other professionals too such as Social Care, School pastoral manager, or an Adoption Agency. Sensory Space will try to attend any professionals' meetings that are planned and to give a verbal or written report. Usually, we will have already agreed in the Circle Of Confidentiality who the other professionals are.

### 4. Notes and reports

At Sensory Space, Therapists keep notes about your child's for a supervision. At the end of your child's therapy, Therapists will write a short summary report (if required). Sometimes other services or agencies such as social services, CAMHS or your doctor may request a report. We will always inform you about this and gain your permission before sending a report to anyone outside the agreed Circle of Confidentiality. We will not share notes or reports without your consent unless required to by law.

### 5. Clinical supervision

At Sensory Space all our Therapists, are required to receive regular clinical supervision so that they can discuss and reflect on cases. This is to maintain good practice & safeguarding.

### 6. Complaints

If you are not happy with service you and your child are receiving, we will invite you to discuss the issues with our Supervisor or Manager in Sensory Space.

### 7. Absences

It is important that your child's therapy takes place every week. Please contact Sensory Space by email / text / through the office if your child is unable to attend a session. We will try to reschedule the session within the agreed timeframe with our Therapist. We will give 24 hours notice if we need to reschedule the session.

### 8. Referrals

Sensory Space may need to refer your child for further assessment or a different type of therapy with someone else. We will discuss the reasons for this with you and with your child (if appropriate).

### 9 . Fees Policy

Fees are made directly to Sensory Space and are subject to payment terms and conditions.



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### 10. Timekeeping

Your child's Therapy sessions will be booked a week in advance and will take place in Sensory Space in Drogheda. Please arrive on time for your appointment as scheduled.

### 11. Late

If you are late for your appointment, there's no guarantee that the therapist will make up the session time.

### 12. No-Show and Cancellation Policy

Please make every effort to attend all appointments.  
For cancellations more than 48 hours there is no cancellation fee.  
For cancellations more than 24 hours there is a fee of 50 Eur.  
For no-shows and cancellations less than 24 hours the fee is full price of the therapy.

I, \_\_\_\_\_, understand and agree with Sensory Space no-show and cancellation policy.

Parent/Guardian (1) Printed Name

Signature

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian (2) Printed Name

Signature

Date \_\_\_\_\_