CRISALIDA
CHILD, ADOLESCENT, ADULT & FAMILY THERAPY

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3E - INFORMED CONSENT AND CRISALIDA GROUP PROGRAM POLICY

Please read the following statements regarding group program treatment, and sign to acknowledge you agree to these terms. A copy of this form will be kept on file.

- Once the group program is confirmed, applicable fees are to be paid for the entire group program, regardless of client non-attended sessions. Groups require consistent clinical input for entire program and need to be funded and staffed to ensure this occurs.
- It is not possible to schedule make up sessions for group programs in the instance of client non-attendance. In the instance of therapist illness or inability to attend group, a replacement therapist will be enlisted where possible.
- In order that therapists' time is utilised effectively and that therapists cover their time and expenses, given the time that they spend in preparing for sessions, for a group program to be confirmed, complete program fees are necessary.
- Where a shared care arrangement is in place, or where custody arrangements are not established, both carers must consent to the child undergoing group treatment or therapy services at Crisalida by signing this form.
- This form must be signed before the first session in order for treatment or services to proceed. The client cannot receive treatment or services unless this form has been completed
- Privacy, confidentiality, and sharing of information arrangements can be discussed by carers with their Crisalida therapists
- Routine practice requires written and at times verbal communication with your referring doctor (if applicable).

I, _____, have read the above consent and group program policies. I am aware that the total program fee is payable regardless of attendance once program is confirmed and commences. I agree to the above conditions and to my self/child receiving clinical services at Crisalida.

Name of Client: _____

Parents and/or Guardians:

_____
please print full name(s)

_____
sign date

Crisalida Therapist:

_____
sign date