

□ CHERRY BLOSSOM THERAPY

Parent/Carer Consent & Therapy Agreement

Practice Name: Cherry Blossom Therapy

Therapist: Sarah Musselwhite, Paediatric Psychotherapist

Professional Membership: PTUK Registered Play Therapist / BACP Registered Member

Policy Version: 1.2

Date Issued: 11.2.2026

Review Date: 11.2.2027

1. Introduction

This agreement outlines the terms under which Cherry Blossom Therapy provides therapeutic services to children and young people.

Therapy is delivered in accordance with:

- PTUK Standards of Practice
 - BACP Ethical Framework
 - UK safeguarding legislation
 - UK GDPR and Data Protection Act 2018
-

2. Parental Responsibility

I confirm that:

- I have **parental responsibility** for the named child.
- I have the legal authority to consent to therapy.
- Where applicable, I have consulted with any other person who holds parental responsibility and obtained their agreement (unless a court order states otherwise).

Signed confirmation is required before therapy begins.

3. Child Assent

While parental consent is required, the therapist will also seek the child's **understanding and willingness (assent)** to participate in therapy, appropriate to their age and capacity.

Therapy will not be forced upon a child who is unwilling to engage.

4. About the Therapy

- Sessions last approximately **45–50 minutes**.
- Sessions usually occur weekly at an agreed time.
- Initial assessments are charged at the session rate (£65 unless otherwise agreed).
- If you arrive late, the session will end at the scheduled time.

Therapy length varies depending on need.

5. Fees and Cancellations

- Payment is due within 7 days of invoice unless otherwise agreed.
 - A minimum of **24 hours' notice** is required for cancellations.
 - Late cancellations or missed sessions will be charged in full.
 - Repeated missed sessions may result in therapy being paused or ended.
 - If the therapist cancels, an alternative session will be offered.
 - Appointment reminders may be sent by text.
-

6. Confidentiality

Therapy is confidential between the therapist and your child.

Parents/carers may receive updates on general themes and progress, but **detailed session content will remain confidential** unless the child consents to sharing.

Confidentiality may be broken where:

- There is risk of significant harm
- Safeguarding concerns arise
- There is serious criminal activity
- Required by court order

Where safe to do so, parents/carers will be informed before information is shared.

7. Safeguarding

Cherry Blossom Therapy follows Northamptonshire safeguarding procedures.

If a safeguarding concern arises, information may be shared with:

- Children's Social Care
- Police
- GP or relevant professionals
- Northamptonshire Safeguarding Children Partnership

Safeguarding overrides confidentiality.

8. Supervision

The therapist attends regular clinical supervision in line with PTUK and BACP requirements.

Identifying details are anonymised where possible.

9. Records & Data Protection

Cherry Blossom Therapy is the **Data Controller** and processes data in accordance with UK GDPR.

- Children's records are retained until age 25 (or 26 if aged 17 at end of therapy).
- Parents/carers may submit a Subject Access Request.
- Access will be considered in line with the child's best interests and safeguarding responsibilities.

I confirm I have read and understood the Privacy Policy.

10. Liaison & Referrals

With parental knowledge, the therapist may liaise with:

- Schools
- GPs
- Social workers
- Referrers

Onward referrals may be recommended where appropriate.

11. Professional Boundaries

- The therapist will not initiate contact outside sessions in public settings.
 - Social media contact requests will not be accepted.
 - Therapeutic advice is not provided via text or social media.
 - Sessions cannot proceed if a client is under the influence of substances or behaves in a threatening manner.
-

12. Emergencies

The therapist is not an emergency service.

In a crisis, please contact:

- Your GP
 - 999
 - NHS 111
 - Samaritans (116 123)
-

13. Complaints

Concerns should first be raised directly with the therapist.

If unresolved, complaints may be made to:

- Play Therapy UK (PTUK)
 - British Association for Counselling and Psychotherapy (BACP)
-

14. Agreement

I consent to my child participating in therapy under the terms outlined above.

Child's Name: _____

Parent/Carer Name: _____

Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

CHERRY BLOSSOM THERAPY

Child-Friendly Assent Form

For younger children

Hi

My name is _____ and I am your therapist.

Therapy is a safe space where:

- You can talk
- You can play
- You can draw
- You can share feelings
- You can choose what feels right for you

Most things you say are private.

The only time I may need to tell another adult is if:

- You are not safe
- Someone else is not safe

If that ever happens, I will try to talk to you about it first.

You can:

- Ask questions
- Say if you don't want to answer something
- Tell me if something doesn't feel right

If you would like to come to therapy and give it a try, you can sign below.

Child's Name: _____

I would like to try therapy:

Signature (or mark): _____ Date: _____
